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Editorials

MAGNIFICENT BEQUEST TO THE UNIVERSITY OF CHICAGO

PERHAPS one of the most munificent bequests ever made to Medical Science is the gift recently presented by Mr. John D. Rockefeller to The University of Chicago. There is no doubt that Medical Science has been making very rapid strides in America during the present generation. The results so far achieved are placing North America in the forefront among the world's contributors to the ways and means of avoiding the terrible wastage of human life. This condition of affairs is due in no small measure to the generosity of that benefactor, John D. Rockefeller, who has already financed so many charities. His latest gift to The University of Chicago is indeed princely, and there is little doubt that it will be the finest institution of its kind in the world. The establishment of a Medical Department of wide scope will certainly give to the Middle West something of the

advantages which the East has enjoyed in increasing measure for the past score of years. The new institution starts with an endowment of about eight million dollars. It will be a University, rather than a Department of a University. Its Hospital Equipment will compare favorably with that available to students of such well-known and richly-endowed institutions as Harvard Medical School. It is understood that it will require the exclusive services of all its Teaching Staff, instead of contenting itself with the unsatisfactory system of part-time services at the hands of practitioners, who are hampered by the strain of constant professional work. Its Post-Graduate Department will afford opportunities for Research Work which the Middle West does not now possess.

We bespeak for the new University of Chicago the greatest possible success as a scientific institution.

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THE ACADEMY OF MEDICINE, TORONTO

THE Stated Meeting of The Academy of Medicine, Toronto, took place in the Mining Building of The University of Toronto on Tuesday, December 5th. There was a most gratifying attendance. The guest of the evening was Professor V. C. Vaughan, Dean of The University of Michigan Medical School, Ann Arbor, Michigan. The chair was occupied by President John Ferguson, with the Honorary Secretary at his usual post. The subject of Professor Vaug-

han's paper was "The Protein Poison and Its Relation to Immunity and Disease." It was very exhaustive and highly technical, being discussed by Professor A. Hunter, Professor J. J. McKenzie, Dr. F. G. Fitzgerald and Dr. Wm. Goldie. In this connection, and in the hope that we won't hurt the feelings of the Programme Committee, we venture the opinion, in which we know that a large number of the Fellows coincide, that the addresses delivered at the average stated Academy meeting are too highly technical, and that they are in reality "over the heads" of a large part of the audience. The Academy meetings are intended, as we take it, for the busy medical practitioner, with the object of helping him in his daily round of duty, and not for the laboratory man or university teacher. It seems to us that the Academy has been too much inclined to cater to the latter and too little attention has been paid to the clinical side of medicine, and the sooner the Programme Committee realize this the more contented will be "the rank and file," who will feel like turning out in larger numbers and who will encourage their friends to go and do likewise—*Verbum sap.*

Canadian Journal of Medicine and Surgery

Editors

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Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Original Contributions

LITTLE JOURNEYS

BY J. N. E. BROWN.
Superintendent, Henry Ford Hospital, Detroit, Mich.

UNIVERSITY HOSPITAL, ANN ARBOR.

The Psychopathic Pavilion.

This is the pioneer hospital in America for the special study of acute mental diseases in a separate pavilion, in connection with a general hospital, apart from asylums, or State hospitals. There are several such institutions now—pavilion "F" at Albany, under the direction of Dr. Mosher; the Boston Psychopathic under Dr. Southard, and the Phipps Psychiatric, at Johns Hopkins, under Dr. Meyer.

Several general hospitals have *wards* for these psychopathic cases.

Dr. Barrett thinks every large, general hospital should make provision for taking care of the cases of delirium and other acute disturbed mental conditions developing within its own walls.

He would not make provision for admitting cases of delirium tremens. He is not much in sympathy with this sort of case, seeing the victims have themselves to blame largely. Provision should be made, of course, for the care of hysteria, neurasthenia and other functional nervous diseases.

In connection with a large general hospital, a pavilion for fifty patients suffering from acute mental disturbance would be a great boon, especially for people in moderate circumstances. These people cannot be admitted as indigent patients are at

Ann Arbor and, on the other hand, can not pay a rate of $45.00 per month which is charged by many sanitariums.

Dr. Barrett showed us a boy, aged thirteen, who had been in jail for stealing—a mental defective, the son of a syphilitic father. Another small boy, aged ten, bright mentally, had a knowledge of sexual matters, and had abnormally indulged in the same, like an adult habitue. A woman was shown in a delirious condition, the result of an acute infection of the kidneys. A young woman in a continuous bath was recovering from a maniac attack. The pavilion was full of patients, all quite free from restraint, being treated as other sick people are.

Dr. Barrett holds that there is a great need for social service work in homes whence these patients come, and whither they return after treatment in the psychopathic hospitals and asylums. Some of these patients have no proper home to be sent to—without a proper environment, they will lapse into their previous condition.

The Contagious Disease Hospital.

This little hospital has been erected within the past year and a half. It is the second of its sort in America. The work here is carried on as it is in the contagious disease hospital at Providence, R.I., under Dr. Richardson, on the theory that the spread of contagious disease is due to the carrying of organisms by direct contact rather than aerially. So a rigid technique is carried out by doctors, nurses and attendants. A nurse trained at the Providence institution is in charge of the nursing.

Dr. Belfield, who has had special experience in diseases of children at the Michael Reese Hospital, and of contagious diseases both here and abroad, has charge of the medical treatment. We applied for admission at the first floor entrance; and were directed to the basement entrance just below. We entered a corridor running through the centre of the building lengthwise. On each side were small rooms, aseptic, septic, for visitors; septic and aseptic for soiled and sterile mattresses and clothes requiring disinfection; laboratory and storage

rooms. They are disinfecting by formalin, having found that steam sets the stains in the linen.

The dishes used by the patients are sterilized in an ordinary utensil sterilizer placed in the diet kitchen. The refuse having been cleaned off the dishes, trays with their dishes are set one over the other inside the sterilizer. The trays are aluminum and seem irremediably discolored by the action of the boiling. We were informed that this was due to the hardness of the water, possibly to the presence of lime. The dishes are boiled for fifteen minutes.

The food leavings are buried by an attendant, without having been sterilized.

On the first floor are small wards on either side of the corridor. Here were scarlet fever, chickenpox, mumps, diphtheria, the same nurse going from one case to another irrespective of the disease. Medical asepsis is practiced. The chief precaution taken is a careful scrubbing of the hands at the lavatories provided in each ward, and the separations of each patient's dishes and utensils and their sterilization.

The results almost since the first have been eminently satisfactory; they have no cross infection.

AN IMPROVED FORMULA FOR THE PREPARATION OF DAKIN'S SOLUTION

BY N. A. POWELL, M.D., TORONTO.

An improved formula for the preparation of Dakin's Solution is supplied by Dr. Alexis Carrel.

As originally made, a persistent alkalinity led at times to results far from satisfactory.

Dr. Lewis A. Stinson, in the *Journal of the American Medical Association*, states that all the wounds which he saw at Compiègne in the service of Dr. Carrel were rosy and apparently free from pus.

Dr. Maurice Daufresne (*Presse Médicale*) confirms the report of results there obtained.

In the Emergency Department of the Toronto General Hospital this solution has been very extensively used and it has

been a distinct factor in the saving of a long series of crushed limbs and allied injuries. It efficiently replaces the boric acid solutions which have a negligible germicidal power as well as the mercuric salt solutions which irritate the damaged tissues and form albuminates with them.

The new formula reads:—

1. Chlorinated lime (bleaching powder) ..... 200 gm.
   Sodium carbonate, dry ..... 100 gm.
   Sodium bicarbonate ..... 80 gm.

2. Put the chlorinated lime in a 12 litre flask with 5 litres of ordinary water, and let it stand over night.

3. Dissolve the sodium carbonate and bicarbonate in 5 litres of cold water.

4. Pour (3) into the flask containing (2), shake it vigorously for a minute, and let it stand to permit the calcium carbonate to settle.

5. After half an hour siphon off the clear liquid and filter it through paper to obtain a perfect limpid product. This must be kept protected from the light.

The antiseptic solution is then ready for surgical use; it contains about 0.5 gm. per cent. of sodium hypochlorite with small amounts of neutral soda salts; it is practically isotonic with blood serum. It should meet the following tests:—

Test.—Put about 20 c.c. of the solution in a glass and pour on its surface a few centigrams of phenolphthalein in powder; shake it with circular movement, as in rinsing; the liquid should remain colorless. A more or less marked red discoloration indicates the presence of a notable quantity of free alkali, or incomplete carbonation, imputable to an error in technic.

Errors to be Avoided.—Never heat the solution. If in an emergency it is necessary to triturate the chlorinated lime in a mortar, do so only with water, never with the solution of the soda salts.

Trituration.—To 10 c.c. of the solution add 10 c.c. of distilled water, 2 gm. of potassium iodid and 2 c.c. of acetic acid. Pour into this mixture a decinormal (2.48 per cent.) solution of sodium thiosulphate (hyposulphate) until it is decolorized. The number of cubic centimetres of thiosulphate employed multiplied by 0.03725 equals the percentage of sodium hypochloride in the solution.

Society Proceedings

ACADEMY OF MEDICINE, TORONTO

At the meeting of the Academy of Medicine, held in the Mining Building, University of Toronto, on Tuesday, December 5th, Dr. George D. Porter presented to the Academy Vesalius, Andreas—*De Humani Corporis Fabrica Libri Septem.* Venettiis, 1568. In making the presentation, Dr. Porter spoke as follows:

Andreas Vesalius, the most commanding figure in European medicine between the time of Galen and Harvey, was born in Brussels in the year 1514, and was descended from a long line of distinguished medical ancestors. After receiving his education in the University of Louvain he continued his anatomical studies in Paris, which he had begun at the early age of fourteen.

At that time most of the anatomy was taught from the works of Galen, with occasional demonstrations from the dissections of animals, usually the pig or a dog. These dissections were done by barbers, while the professor would sit at his desk above and point out the organs with a staff.

At the age of twenty Vesalius returned to Louvain, where he began dissections on the human subject, stealing for this purpose at one time, and at great risk to his life, one from the gallows itself. At the age of twenty-two he went to Italy, where he became professor of anatomy at the University of Padua. Here his dissections and demonstrations became very popular, as many as five hundred students frequently attending his classes. In 1543 he published his great work on anatomy, *De Humani Corporis Fabrica,* in seven books, in which he was the first to employ woodcuts drawn from nature for illustrations. In this he was fortunate in having the assistance of one of Titian's pupils, Stephen van Calcar, who made many drawings

for his work, a work which conferred upon its author, at the early age of twenty-eight, the title of "The Father of Modern Anatomy."

In his dissections Vesalius made many discoveries, those in connection with the heart and vascular system, the brain, the osseous system and the omentum being most noteworthy, but in doing so he showed many of the teachings of Galen to be fallacious. This naturally aroused great hostility amongst the followers of the old school, and at last, weary of continued opposition, he left Italy and went to Switzerland, where for a time he lectured. Upon receiving an invitation from the King of Spain to become court physician at Madrid, he journeyed thither and there remained for some years.

Opposition, however, followed him here, and the clergy also opposed him. Some say because he was accused of dissecting a subject in which the heart was still beating, others attribute it to a fear lest his teachings might undermine the general conception of the resurrection of the body, but others contend that it was based upon a much more mundane conception, one which was brought to light in one of his dissections upon a female body, and one which tended rather to undermine the character of his traducers. However that may be, either from choice or compulsion, Vesalius undertook thereafter a pilgrimage to the Holy Land. While there he received an invitation from the Venetian Senate to again accept the professorship of anatomy in the University of Padua, which had become vacant by the death of his friend and pupil, Fallopius. Unfortunately, however, while on his way homeward his vessel was wrecked upon the island of Zante, and there his romantic and useful career was ended, for he died from the results of his exposure.

The accompanying volume is probably one of the fourth edition of his complete work, *De Humani Corporis Fabrica,* published, with the original woodcuts, in Venice in the year 1568, just four years after his untimely death. The previous editions are: the original, published in Basel 1543; the second, published in Lyons 1552; the third, published in Basel in the year 1555.

As our secretary, Dr. Elliott, has informed me that the University of Louvain had intended celebrating the four

hundredth anniversary of the birth of Vesalius at the outbreak of the war, it seems fitting that this Academy should recall the work and memory of this great Flemish anatomist, whose genius and labors laid the foundation for much of the good accomplished for humanity by the physicians and surgeons of to-day. Especially is such a tribute timely when we recall that Louvain's celebration was held up by German kultur, while the torch of the Hun reduced the university itself and all its treasured contents to ashes.

President Dr. John Ferguson entertained a number of the Fellows of the Academy of Medicine at dinner at the York Club on Tuesday, December 5th. The affair was in every way delightful and appreciated.

AMERICAN MEDICAL EDITORS' ASSOCIATION

The annual meeting of this Association was held on the 25th and 26th of October, at the McAlpin Hotel, New York. A most interesting programme was presented, and the symposium relating to the "Doctor and the Law," with especial reference to Anti-Narcotic Legislation, presented on Wednesday afternoon, created widespread interest, and a large attendance from the profession, the judiciary, the Internal Revenue Department and drug manufacturers.

The officers elected for 1916-1917 were as follows:—

President, Geo. M. Piersol, M.D., Phila., Pa. (Editor, *American Journal Medical Sciences*); First Vice-President, Geo. W. Kosmak, M.D., New York (Editor, *American Journal of Obstetrics*); Second Vice-President, Robert M. Green, M.D., Boston, Mass. (Editor, *Boston Medical and Surgical Journal*); Secretary and Treasurer, J. MacDonald, Jr., M.D., New York (Manager Editor, *American Journal of Surgery*).

Executive Committee.—C. F. Taylor, M.D., Phila., Pa. (Editor, *Medical World*); A. S. Burdick, M.D., Chicago, Ills. (Editor, *American Journal Clinical Medicine*); D. S. Fairchild, M.D., Clinton, Iowa (*Journal Iowa State Medical Society*).

Dr. H. Edwin Lewis, New York (Editor, *American Medicine*), Chairman of the Publication Committee and Editor of the *Journal of the American Medical Editors' Association.*

The next annual meeting will be held in New York, with headquarters at the McAlpin Hotel, on June 4th and 5th, 1917.

MAGNIFICENT SCHOOL OF MEDICINE GIVEN CHICAGO

The establishment of a new medical department for the University of Chicago, which will involve an investment of $10,000,000, was last month announced by Dr. Abraham Flexner, secretary of the General Education Board, from the funds of which organization, in co-operation with the Rockefeller Foundation, $2,000,000 has been appropriated for the project. In addition to the medical school the plan calls for the founding of an adequately equipped and financed post-graduate school of a standing equal to those of Berlin and Vienna.

To carry out the plan, in addition to the gift of the General Education Board and the Rockefeller Foundation, the University of Chicago will set aside at least $2,000,000 and will give a site valued at $500,000 and a further sum of $3,300,000 will be raised by the university.

The Presbyterian Hospital of Chicago, valued at $3,000,000, will be taken over by the university for the post-graduate work, thus bringing the total initial investment up to about $10,000,000.

Rush Medical College, one of the oldest institutions of its kind in the middle west, which has had an arrangement with the university whereby it might be used in connection with the medical department, will be abandoned and its faculty dissolved. The entire teaching staff of the new school, clinical as well as laboratory, will be organized on the full-time basis, and professors and assistants will hold their positions on condition that they become salaried university officials, giving up their practices completely.

The only other medical schools in the country employing the full-time system of teaching are those at Johns Hopkins,

Baltimore, and Washington University, St. Louis, both of which institutions have received gifts of over a million dollars from the General Education Board.

The proposed medical school will be erected on the Midway Plaisance and will form a part of the university plant. Laboratory buildings will be provided for the instruction of students in the first and second years, and a university hospital, with laboratories and an out-patient department, will be included in the plan. A large research laboratory will be built in connection with the Presbyterian Hospital. It is estimated that it will be two years before the school will be ready to receive students.

It is probable that the same entrance requirements now demanded at Johns Hopkins—a college degree, with special work in chemistry, physiology and biology—will be established for the new school. The first class will probably number not more than 400 carefully selected students, and the faculty, none of whom have yet been chosen, will include the foremost medical authorities in the country, each with three or four assistants.

The new medical school goes to the University of Chicago because it has no such department well established at present.

The Post-Graduate Hospital is established with the hope that it will provide opportunities for research and special work for American physicians, hundreds of whom go annually to the great German and Austrian clinics.

The new gift brings the total amount presented by John D. Rockefeller to the University of Chicago up to just a little less than $35,000,000, and it raises the total of the appropriations of the General Education Board up to about $20,000,000.

Selected Articles

INVESTMENTS FOR DOCTORS

During exhibition time a country doctor visiting Toronto met a friend who, in earlier years, had left the old home district to seek his fortune in the city. They compared notes of what had happened to them in the years since last they met, and the doctor found his old friend had become a well-known financial journalist.

"You are the man I am looking for," said he. "You journalists have a lot of experience. I have just had a mortgage repaid and want to find some other form of investment. It was a Western mortgage and the moratorium rather upset my arrangements. It is all right for big lenders perhaps, but for small investors it makes things hard if the money is not there on the dot. Tell me something which is 'safety first,' will not lose in value, pays a good rate of interest, and where I shall not have to bother about collections and moratoriums?"

"You ask something," said the journalist, "that every inexperienced investor should seek. You doctors are like farmers, too busy with your own work to spare the time necessary to keep an eye on ordinary investments. What you want is to shift the responsibility of looking after your savings to some substantial company that makes a specialty of doing this, by investing people's money just for the time they wish to lend it."

"That sounds what I need," said the doctor. "A man I know said he never bothered with mortgages himself, but put his money in Mortgage Corporation debentures. Do you know what these are?"

"Sure thing," replied the financial man. "These Corporations in Ontario are organized for the very purpose which I just mentioned. They are controlled by many of our leading business men, who naturally with their large experience of financial affairs are peculiarly fitted for this duty and have, through their wide business connections, exceptional opportunities for securing sound investments. Besides this, these Corporations have to register under the Loan and Trust Corporations Act, and are under the supervision of the Provincial Government, which publishes yearly a statement of the position of each Corporation. To show how highly Companies registered under this Act are thought of by the Government, I may tell you that by special provision in the Ontario Insurance Act, 1914, the surplus insurance funds and reserve funds of all Provincial Insurance Corporations may be loaned or invested in these securities and that in a sub-section of the same Act, the uninvested money of these Companies *must* be deposited and in only three classes of security, Post Office Savings Bank or Chartered Banks of Canada, or with a Company registered under the Loan and Trust Corporations Act, in which, as I have already told you, Mortgage Corporations are included."

This is, no doubt, a time to be cautious. But it is possible to be over-cautious. There is no reason why a man should only get 3 per cent. for his money when he could equally easily, and equally safely, obtain 5 per cent.

Mortgage Corporation Debentures, at the present time especially, form an ideal security for idle money.

Interest at 5 per cent. is paid to the minute, principal upon the date agreed upon. The busy or inexperienced investor has no worry in watching values and markets. His security never shrinks. According to Government statistics, not a dollar has ever been lost by holders of Canadian Mortgage Corporation debentures.

Militia and Naval Medical Services and Ambulance

THE WHOLE MEDICAL CLASS FOR 1917 ENLIST

The Medical Staff of the Recruiting Depot recently had for examination 54 men of the 1917 graduating class in medicine for appointment in the A. M. C., and practically every one of them was passed as medically fit. On consideration of taking an appointment for overseas service they are granted their year at the university.

TORONTO WOMEN DOCTORS SEEK COMMISSION

Acting on the offer of the University of Toronto to grant degrees to all fourth year medical students who enter the army, the four women students of the present session have applied to Lt.-Col. Marlow for appointments as officers in the Army Medical Corps. Col. Marlow is now confronted with a knotty problem, there being no provision made in the military regulations for the granting of commissions to women. The students are Miss M. B. Becker, Miss Mabel Bray, Miss Ruth C. Cale and Miss M. E. D. Johnston.

DR. IRWIN, COBOURG, ONT. BACK FROM FRONT

Dr. John R. Irwin, who was signally honored by receiving the Military Cross from the hands of the King in Buckingham Palace for conspicuous bravery while serving with the British Medical Corps, returned home on November 4th. He was met by Major McKinnon, O.C., Major Duncan, Lieut. Davidson,

the town council, and the overseas draft of the Cobourg heavy battery. The returned hero was escorted to the city hall and formal addresses of welcome were given in his honor.

LIEUT. P. C. GARRATT INJURED

Flight Lieut. Philip C. Garratt, son of the late Dr. Garratt, who lived at College and Terauley Streets, recently sustained severe injuries to his face and arm when he collided with a colleague's machine. He is said to have been unconscious for four days, and it is feared that he may be incapacitated for future service. Lieut. Garratt is a medical under-graduate of the University of Toronto. His mother is at present in England.

SON OF DR. ALEX. DAVIDSON MISSING

Details of the fighting which preceded the disappearance of Lieut. George Thorold Davidson, son of Dr. Alexander and Mrs. Davidson, of 286 Russell Hill Road, have been received from Lieut. Cyril A. Edmondson, a fellow officer of the missing man. The communication states:—

"Lieut. Davidson was an officer in my company and was selected for a rather dangerous mission on the night of the 25th. That same night he went out to reconnoitre the enemy's trenches and entanglements. He was accompanied by a petty officer, who later returned alone to our trenches with a shattered arm. Lieut. Davidson and the non-commissioned officer appear to have reached the enemy's trenches. At the time a certain amount of rifle fire and bombing was heard."

A search party failed to locate the missing officer in "No Man's Land," and it is concluded that he is in the hands of the Germans. There is nothing to indicate whether he is wounded or not. Lieut. Edmondson pays a tribute to his comrade's keenness and ability, qualities which led on several occasions to his being selected for special and dangerous work.

DEATH OF LIEUT. (DR.) McVICKER

It was sad news that came to Toronto a few weeks ago when the family of Lt. (Dr.) McVicker received word of his death at the Front. It is understood that he met his death while bending over a wounded soldier in the First Advance "Aid" Post. He was struck on the head by a bursting shell and died almost immediately. Lt. McVicker graduated in Medicine from the University of Toronto, in May, 1915, and passed the College of Physicians and Surgeons in June of the same year, being for five months House Surgeon at St. Michael's Hospital. He received his appointment as Lieutenant in the Royal Army Medical Corps in October, 1915, and sailed for England the following month. He crossed from England to France January 13th, 1916, and on February 8th left camp for the trenches, never leaving them until the day of his death.

BRANTFORD DOCTOR APPOINTED HEAD OF ROYAL MEDICAL SERVICE IN STAFFORDSHIRE

Dr. C. C. Fissette, Coroner, who left Brantford in June of this year to join the Royal Army Medical Corps, has been appointed northern commander in Staffordshire. He is head of both the medical and surgical sections. Such an appointment, in view of his recent departure, is felt to be an outstanding tribute to his abilities.

MEDICAL SERVICE CHANGE

Lieut-Col. S. D. Gardner, Vancouver, has been appointed acting commandant in the Shoreham area.

The following have gone to France: Lieuts. C. H. Leitch, A. Mowatt, A. S. Robertson, B. A. Taylor, H. H. Watson, J. M. Morton, R. Brown, T. Kennedy, F. A. Forneri, W. M. Harding, Chaplain Green, Hon. Capt. A. B. Ransom; Nurses G. E. Apter,

L. Beer, A. H. Cameron, K. Reid, L. K. Stinson, A. M. Crawford, G. Spalding.

Lieut.-Col. Watt, Winnipeg, formerly of Ramsgate special hospital, has been appointed assistant director of medical services, London, vice Lieut.-Col. J. McCombe, resigned.

A DOCTORS' DINNER

Dr. A. S. Moorehead was the host recently of a dinner in the Royal Suite at the King Edward, given in honor of Captain John C. Calhoun, who has returned from France on leave, after twenty-three months' service. The table was beautiful with pink and white roses and pink-shaded silver candelabrum. The guests were all the graduating class of 1906 living in Toronto at present, and included: Dr. Hodson, Dr. K. C. Campbell, Dr. Loudon, Dr. R. W. Mann, Dr. Duncan, Dr. McMillan, Dr. A. A. Campbell, Dr. Howard, Dr. R. A. Jones, Dr. Howkens, Major F. F. Munn, Dr. W. J. Doole, Dr. Gardner, Dr. Frawley, Dr. Livingstone, Dr. McLennen.

MILITARY CROSS FOR CAPT. (DR.) VICTOR MOORHOUSE

Capt. (Dr.) Victor Moorehouse, son of Dr. H. H. and Mrs. Moorehouse, 128 St. Patrick Street, has been awarded the Military Cross for gallant service in the field, where he is serving as an inspector of field ambulances with the C.A.M.C. No details of the acts for which he was honored have yet been received, but his brother, Capt. Walter N. Moorehouse, who commands a machine gun battery at the front, announces the fact in a letter home.

Capt. Moorehouse graduated in medicine about four years ago from the University of Toronto. For two or three years he held a lectureship in Glasgow University. When war broke out he was at Cambridge University with the intention of later visiting some of the German universities, but he

immediately went on active service and has been at the front since the early days. He is 29 years of age and before leaving Toronto was connected with the Queen's Own Rifles for years.

"MEDICALS" HOME FROM OVERSEAS

The following medicals returned a few weeks ago from Overseas Service to complete their course at the University of Toronto before returning to the front: Drs. R. M. Harvie, E. A. Broughton, J. L. Crawford, J. W. MacKenzie, A. E. MacKenzie, G. F. Sykes, P. R. Shannon, C. A. Rae, N. M. Furey and H. N. Bethune.

TORONTO UNIVERSITY'S FINE RECORD

The University of Toronto may well be proud of its record in connection with the great war. One hundred and ten students have already fallen in action and 2,072 are on active service. The following honors have been won by University graduates:—C.M.G., 2; C.M., 1; D.S.O., 11; Military Cross, 19; Distinguished Conduct Medal, 7; mentioned in dispatches, 43; other records, 11.

CAMBRIDGE UNIVERSITY STUDENTS' HONOR ROLL

At a memorial service at Cambridge University, on Nov. 1st, names were read of 792 members of the University who had died at the war in the past academical year. The number that was commemorated on All Saints' Day last year was 490. London University has lost 675 members at the front.

Lt. (Dr.) Robert Home recently returned to Toronto on a short furlough. Lt. Home has been on military service for some time past and resides at 674 Spadina Ave., Toronto.

It is understood that General Carleton Jones has resumed duty as Director of Medical Services.

Dr. George Miles has been awarded the Military Medal. He has been overseas since the beginning of the war.

The Military Cross has been awarded to Capt. (Dr.) Kenneth E. Cooke, formerly a practitioner in Terrace Hill, Brantford.

Dr. H. H. Argue, former Assistant Superintendent of Toronto General Hospital, has received the Military Cross for conspicuous bravery in action.

Dr. Gordon G. Malcolm, physician, of Lac du Bonnet, Man., has enlisted for overseas service with a Field Ambulance at Winnipeg. Dr. Malcolm is a graduate of the University of Toronto.

Dr. W. B. Thistle was a few weeks ago given the rank of Major in the C.A.M.C., and now holds the appointment of Chief Physician and Consultant at Toronto Base Hospital.

Dr. Walter Wright, of 143 College Street, Toronto, has enlisted for Overseas, and leaves immediately for England. He has been given the rank of Captain, and will do special work on the eye.

By holding an extra war session during the summer and fall Queen's Medical College is able to graduate fifty-six new doctors six months earlier than otherwise. Most of the graduates will enter the Canadian and Royal Army Medical Corps at once.

Captain (Dr.) Eddie Robertson, of 143 College Street, who has for two years or more been doing splendid work in France, is expected to arrive back in Toronto about the New Year. Captain Robertson has latterly been attached to No. 1 Canadian Field Ambulance and has seen the hardest kind of service. Dr. Robertson, in returning to civilian life, will be First Assistant to Dr. Ed. Gallie, who has been Chief Surgeon at the Hospital for Sick Children since Col. Clarence Starr left for England. Welcome home.

It is understood that Col. F. W. Marlow, Chief of the Medical Service for Toronto Military District, has recommended to the University of Toronto that the four Toronto women doctors, Miss M. B. Becker, Miss Mabel Bray, Miss Ruth C. Cale and Miss M. E. B. Johnston, who recently applied for commissions in the Overseas Service, be granted their degree this year, in order that they may take up their positions as resident surgeons or house doctors in the various hospitals, in order thereby to take the place of civilian doctors or relieve those who are anxious to go Overseas.

PERSONALS

Dr. A. B. MacCallum, Professor of Physiology and Bio-Chemistry at the University of Toronto, was recently appointed Chairman of the Advisory Council of Industrial and Scientific Research. Dr. Macleman, of the University of Toronto, is also a member of this body.

Dr. and Mrs. Harris McPhedran left three weeks ago on their way back to England. Capt. (Dr.) Harris McPhedran returned only recently from Saloniki.

Dr. G. Sterling Ryerson returned to Toronto a few weeks ago, after attending the Annual Meeting of the American College of Surgeons and the Clinical Congress at Philadelphia. While in Philadelphia he was the guest of Dr. Webster Fox.

Obituary

THE LATE DR. S. W. McCONOCHIE, OF HAMILTON, ONT.

In the recent death of Dr. S. W. McConochie, Hamilton lost one of her finest and best men. He was a man of the highest principle and great generosity of spirit, and one to whom the needy and those in trouble never came in vain. He was a man of unusual refinement, to whom anything approaching the coarse was a positive offence. In medicine he graduated with honors, being silver medallist. He then went abroad, taking post-graduate courses in London, Edinburgh and Dublin, obtaining the highest degrees. Returning to Canada he settled in Hamilton, where he soon had an extensive practice.

A few years ago Dr. McConochie suffered from a nervous breakdown, which caused him to give up part of his practice. After a rest he regained his health and strength, which he continued to enjoy until he received a sunstroke when bowling in the intense heat of last summer, from which he never recovered. He was laid to rest in Bowmanville cemetery.

MAJOR KILBORN DEAD

Major R. K. Kilborn, Medical Officer of the Royal Military College for the past seventeen years, is dead at his home at Kingston, after several months' illness. Owing to ill-health, he retired from the College last June. Major Kilborn graduated at Queen's Medical College in 1879, and practised at Toledo till 1891, when he became Superintendent of the Kingston General Hospital. He entered general practice here in 1896, and in 1899 became Medical Officer of the R.M.C.

DEATH OF DR. C. R. CHARTERIS, CHATHAM

Dr. C. R. Charteris, fifty-one years old, late Acting Medical Officer of Health of Chatham, and Past President of the Ontario Library Association, died suddenly at his home on Nov. 25th from heart disease. He is survived by his wife, one son and one daughter.

DEATH OF DR. F. L. HOWLAND, HUNTSVILLE

The death of Dr. F. L. Howland, of Huntsville, removes a well-known pioneer from that district. Dr. Howland was the very incarnation of Muskoka. He settled in Huntsville before the time of railroads, and it was largely through his efforts that the railway was extended north from Gravenhurst. He founded *The Forester*, of Huntsville. In religion he was a Baptist, but was a great aid to all students of whatever faith.

Sutton.—Suddenly, at Cooksville, Nov. 23rd, 1916, Marshall Sutton, M.D., in his 66th year.

The Physician's Library

The Physicians' Visiting List for 1917. Blackiston's, Son and Co., Philadelphia. Sixty-sixth year of publication. In four sizes, arranged for 25, 50, 75 and 100 patients per week. Price, $1.25, $1.50, $2.25 and $2.50. Containing physicians' dose table in both the apothecaries' and metric systems, in accordance with the U. S. Pharmacopeia. Ninth revision and the National Formulary. Fourth edition.

New tables have been inserted, such as isolation periods in the infectious diseases. Provision is made for special memoranda, cash accounts, records of obstetric engagements, bills and accounts, etc. The book is bound in the familiar black leather, compact and most complete in every way.

Mayo Papers for 1915.

This volume contains ninety-two selected papers by thirty-seven representative men at the Mayo Clinic.

As is usual, the subject of gastric and duodenal pathology commands a considerable space in articles written by William Mayo, Beckman, Graham, Eusterman and Carman. In the matter of differential diagnosis of gastric and duodenal ulcers, we are surprised to read that after a review of ten years, comprising of 1,300 cases of operatively demonstrated duodenal ulcer and 450 cases of gastric ulcer, it is admitted that no pathognomonic symptom or group of symptoms is found for defining ulcer location. Of the 1,300 cases only 54 per cent. were rightly diagnosed, and of the 450 gastric cases, only 55 per cent. were rightly named.

There are five new papers on Studies in the Etiology of Cancer, but nothing new has apparently been brought out as

yet, though the pathology of chronic mastitis and breast cancer is thoroughly dealt with. In " Some Mechanical Derangements of the Knee Joint," Henderson describes several instructive operative cases, discussing the anatomy and pathology and the indications for operation. Though sixty-three joints were opened for damaged internal semi-lunar cartilage, not a single case of damaged external semilunar was found. The most scientific work is that on the ductless glands, and especially is the work on goitre exhaustively reviewed.

Physiological Chemistry. A Text-book and Manual for Students by Albert P. Mathews, Ph.D., Professor of Physiological Chemistry, the University of Chicago. 2nd edition. Wm. Wood & Co. 1916.

Less than one year ago the first edition of this Manual was reviewed for the The Journal and recommended as a suitable work of reference for advanced students, and as a practical guide in laboratory methods for such students, and for practitioners familiar with modern laboratory methods in physiological chemistry. The fact that a second edition of the book has appeared in less than one year is the best corroboration of the statement that the book has a wide field of usefulness and could be cheerfully recommended. This second edition is improved, corrected and the discussion on Colloids somewhat modified. Professor Mathews' reputation will be still further enhanced by this production. J. G. F.

Medical Record Visiting List, 1917. Wm. Wood & Company, medical publishers, 51 Fifth Ave., New York.

It may fairly be considered that this book is a very great boon to a busy medical man. It affords ample space for a brief *résumé* of each case, its conditions and progress, and also for taking notes as to pursuant treatment.

The dosage tables give both the apothecaries' minim and grain doses, alongside with the French decimal system, and

a note for the ready conversion of one to the other. All the newest medicines are mentioned in this table. The list of poisons with treatment is a very valuable feature in this handy volume, and there are precise and careful notes of action and treatment in emergency calls.

It may be said to the reader:

"These few precepts in thy memory, look thou character."

—*Hamlet.*

A Conclusive Peace. Presenting the historically logical, and a feasible, plan of action for the coming Peace Conference, which will co-ordinate and harmonize Europe and the world. By Charles Fremont Taylor, M.D., Editor of *Equity,* a magazine devoted wholly to improved methods of government—local, state, national and international; also editor of *The Medical World.* Price 50 cents. Published by the John C. Winston Co., 1010 Arch Street, Philadelphia.

It was with a peculiar sense of satisfaction that we were given the opportunity of perusing our good friend, Dr. C. F. Taylor's, little book on a subject of such tantamount importance as "A Conclusive Peace." There is not a man living to-day, in any country in the world, who does not believe that the only possible basis upon which Peace terms can be even discussed is one which will render impossible for all time to come a recurrence of the awful condition now prevalent in Europe. Dr. Taylor's book presents "a constructive and workable programme" with this much-to-be-desired end in view.

The Endocrine Organs. An introduction to the study of internal secretion. By Sir Edward A. Schafer, LL.D., D.Sc., M.D., F.R.S., Professor of Physiology in Edinburgh University. With numerous illustrations; pp. 156, x. Longmans, Green & Co., London and New York, 1916. Price, $3.50.

This book is founded upon a course of lectures given at Leland Stanford University. These have been revised, illustrated and brought up to date.

It is a concise statement of our present knowledge of the structure, development and secretion of the specially internally secreting organs, or the ductless glands.

Pathological conditions arising from failure of function and from the removal of these organs are clearly pictured.

It forms a most comprehensive though succinct account of the relation of the internal secretions to the various processes of digestion, growth and maintenance of general physiological balance. Schäfer restricts the term hormone to those endocrine products which stimulate activity, using the term chalone to designate those which inhibit or diminish activity; all are included in the title autacoid substances or autacoids, the hormones being excitatory autacoids while the chalones are restraining or inhibiting autacoids. We heartily recommend this book.

J. H. E.

Operative Midwifery. A Guide to the Difficulties and Complications of Midwifery Practice. By J. M. Munro Kerr, M.D., C.M., Glas., Fellow of the Royal Faculty of Physicians and Surgeons, Glasgow; Hon. Fellow, American Gynecological Society; Professor of Obstetrics and Gynecology, Glasgow University (Muirhead Chair); Obstetric Physician, Glasgow Maternity Hospital; Gynecologist, Royal Infirmary; Past-President of the Glasgow Obstetrical and Gynecological Society. Third edition, with 308 illustrations in the text. Toronto: The J. F. Hartz Co., Limited. 1916.

This work is built upon the foundation and is carried out upon the lines of an author who must be known to every member of the profession and whose lectures on obstetrical operations must be almost as fascinating to the student of to-day as they were to those who listened to them by Dr. Robert Barnes at St. Thomas' Hospital in the late 60's and early 70's. The author has taken these lectures as the framework of his book, and has added to them a vast amount of material which has more or less only been discovered in the last forty or fifty years.

The last edition of Barnes' lectures was published in 1886, and at that time sepsis was beginning to be pretty well understood, but many things have been discovered since then, and these operations and conditions are so numerous that, when properly combined with the knowledge that Barnes had, make a most up-to-date book. This is now the third edition of this book, and no one could take it up without being struck by the thoroughness of the work and the beauty of the illustrations. It is most elaborately illustrated, and altogether is a book that can be very safely recommended to everyone who undertakes that most arduous of all the work of the general practitioner particularly, namely, midwifery. Many of the illustrations are photographs, many of them purely diagrammatic, but both are of a character that fixes in the mind of anyone who uses them the strong points in the various conditions. All the recent operations in midwifery are taken up and methods of treatment are to be found that will be new to a great many practitioners. A. J. J.

International Clinics. Volume II. Twenty-sixth series, 1916. J. B. Lippincott Company, Philadelphia and London.

This volume, like many of its predecessors, contains excessively interesting papers from some of the best men in the United States. The range of subjects is very large, including indications for venesection, the consideration of the appetite, tetanus, American mineral springs, particularly the hot springs of Virginia. In medicine there are a number of articles of great value, one particularly on clinical manifestations of unusual lesions in the abdomen, very extensively illustrated with copies of X-ray photographs. In psychiatry there is a paper on the "Management of some Confusional States," with special reference to pathogenesis, and another on the relation of mental defect to crime. There are two papers on obstetrics and three on public health. In surgery there is a paper on colon resection and its indications, cancer of the rectum, removal of carcinoma, orthopedic problems presented by the European war, congenital deformities of the hands, and some remarks on the drugs employed in urological practice.

The type is clear and the articles are well written and very well illustrated, and will afford easy and very profitable reading to every practitioner.

Volume III of this series has an article on the treatment of gonorrhoea in the male, one on the treatment of obesity which is very exhaustive and is full of suggestions, and one on the medical uses of high-frequency currents. There are interesting papers on the use of the X-ray in diagnosis, particularly with regard to diseases of the chest. Also a paper on pediatrics on the diphtheria toxin skin reaction. In dermatology, herpes zoster is considered from almost every standpoint, with an analysis of the literature of the subject, which is of very great value, and there is a paper on operative dermatology. In surgery there are five papers, all on interesting subjects, and rather an unusual one on anesthesia from the point of view of the instructor and student. The book closes with an historical sketch on Armand Trousseau, a master clinician.

Like all the volumes of this series, the articles as a whole are excessively interesting, and most instructive and up-to-date, and the illustrations, although not as numerous in this volume as perhaps in some others, still in the article on diagnosis of thoracic adenitis are of unusual value. A. J. J.

The Umbilicus and Its Diseases. By Thomas Stephen Cullen, M.D., Associate-Professor of Gynecology in the Johns Hopkins University. Baltimore, U.S.A.: W. B. Saunders Company. Price, $7.50.

This latest work of Dr. Cullen is a truly magnificent one. The author has dealt with the subject in the most thorough manner possible. Beginning with a description of the embryology of the region which has been beautifully illustrated with drawings by M. Brödel, and consists of over thirty pages, the author next gives a full account of the anatomy of the region as now understood. One feels sorry that Professor Cullen has not availed himself more of the work of Professor Arthur Keith of the Royal College of Surgeons Museum, London, for one feels that Keith is a very high authority in matters pertaining to human and comparative morphology and embryology.

Again, in dealing with the presence of secondary malignant growths of the umbilicus, the author has apparently overlooked the possible explanation of Sampson Handley, and others, who account for some of these growths by the process of spread termed permeation, and not of necessity by originally direct lymphatic communication.

Following the chapters on anatomy come the diseases of the umbilicus in the new born, *e.g.*, hemorrhage, infections, granuloma, etc.

Then come descriptions of developmental defects, both vestigial and atavistic. After this the malignant growths are ably dealt with. Syphilis, Tuberculosis and Diphtheria are also mentioned.

The results of patency of Meckels' diverticulum, *e.g.*, escape of foreign bodies, such as gall stones, worms, etc., are given.

Tumors are fully gone into and Adeno-myoma receives a very full description. After this come the descriptions of caesura in the anatomical continuity, resulting in hernias, patent urachus, extrophy of the bladder.

Urachal cysts are given a full description, such as these puzzling tumors deserve. It is unnecessary to further particularize. The work is most complete in every detail that goes for the making a text-book for the advanced student or the general practitioner or specialist. It consists of over seven hundred pages, with a profusion of illustrations, many in colors. One can have only praise after reading this work, and sincere congratulations are extended to the author in the completion of such a magnificent volume.

Fifty Years of Manufacturing Pharmacy and Biology. Jubilee Souvenir. 1866-1916. Parke, Davis & Company.

We were recently favored with a copy of this booklet, and it is well worthy of perusal. It is about as fine a specimen of the printer's art as we have seen in years, and details a very interesting story regarding the house of Parke, Davis & Company. It will interest physicians to send to Mr. W. M. Grant, at Walkerville, Ont., for a copy, and we would suggest their so doing.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information H. Albert, Esq., Hot Springs, Va., U.S

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Editorials

INDUSTRIAL FARMS FOR THE FEEBLE-MINDED—SAFETY FIRST

It was with a considerable degree of satisfaction that we recently learned that, as a result of the agitation in this *Journal* and from other sources, the City Council of Toronto has decided to apply to the Ontario Legislature for permissive legislation, in order to permit the City to issue debentures to the extent of $150,000.00 for the erection and equipment of buildings for the care of the feeble-minded. As stated in previous issues, this step was absolutely essential, it being a disgrace to our City and Province that such a state of affairs had been allowed to continue as it has for years past, and we take this opportunity of congratulating the City Fathers on the result of their deliberations. As Dr. C. K. Clarke took occasion to say, the war would end, but the problem of feeble-minded would never end. No one will

question the statement that feeble-minded children can do more damage in a few minutes than can be repaired by the expenditure of thousands of dollars. It is true that the City Council should go slow in connection with unnecessary war expenditures, but such an expenditure as that above alluded to is certainly a wise one, under the circumstances, as we have been wasting hundreds of thousands of dollars for years past unnecessarily. The mere fact that there have been no institutions for the housing of our feeble-minded has meant that a great deal of money has been mis-spent on our Juvenile Court, for instance, most of the children appearing there being what is known as " repeaters," who simply go home to steal again, burn down buildings, and, in some cases, contemplate murder.

One thing is certain, namely, that a stop must forthwith be put to Toronto being made the dumping ground for the feeble-minded from all over the Province, the Municipality having no right to pay the debts of the Provincial Government.

Wherein can be the sense in spending, approximately, $50 per annum on each public school pupil, when, through our inactivities, we are losing in Toronto alone half a million a year because our feeble-minded children are utterly neglected.

We trust that the legislation asked for will be promptly granted so that, before many months elapse, the necessary buildings for the housing of these unfortunates will be ready for occupation.

MEDICAL SCHOOL INSPECTION TO BE PLACED UNDER THE DEPARTMENT OF HEALTH

FOLLOWING up the suggestion of this *Journal* a few months ago, the people of Toronto, by a huge majority on New Year's Day, voted to place Medical School Inspection under the Department of Health. This is as it should be and will, we feel sure, prove an immense saving to the ratepayers, and prevent the duplication of a great deal of work. There are many reasons why the consolidation should take place. Among these reasons, for instance, we might mention that, under the Department of Health, at least double the number of nurses will be available during the summer months, when infant mortality is highest. In addition to the nurses, there will be a considerably increased number of physicians who will give their special attention to health matters, under Dr. Hastings. There will, further, be a very considerable decrease in the average time consumed by nurses in getting from place to place, by allotting, as no doubt Dr. Hastings will arrange, to each nurse a definite and more restricted district, instead of having two cover the same territory. The consolidation will further remove all possibility of duplication, resulting from two nurses visiting the same family, and will make it possible to deal with the family as a health unit, instead of a bundle of fragments. The amalgamation will also unify anti-tuberculosis work and will make it possible to mobilize *all* the health resources that the City pays for.

We feel satisfied that the consolidation will in every way tend to a better working of health matters amongst our school children.

The matter has yet to come up before the Ontario Legislature, who will officially deal with it, but we cannot doubt that the necessary permissive legislation will be promptly granted, in view of the almost unanimous opinion expressed at the polls on the first of January.

THE PHYSICAL EXAMINATION OF OUR SOLDIERS

SINCE the opening of the war, a great deal has devolved upon the medical profession, who have had pass through their hands many thousands of men. It has been no small responsibility to examine for physical fitness such a number of subjects and state whether they were or were not able for active service. We think we can say that the work as a whole has been well done and a great deal of credit is due accordingly. We, however, recently learned that there are some medical practitioners who, in this exceedingly important public duty, have not perhaps fully realized the gravity of these responsibilities, certain instances having come to light where, it is stated, some of the examiners have made, for instance, ill-considered statements in connection with applications for pensions. In several cases, too, certificates issued falsely stated that soldiers were suffering from certain conditions, doubtless, in order to have their leave prolonged. We hate to be-

lieve that such can be true, as surely no member of our noble calling would allow himself to be led away by the applicant, either out of sympathy for him or with the deliberate purpose of misleading the Department and defrauding the Country, now embroiled in the greatest struggle known to mankind. Medical men must realize these days their tremendous responsibilities and not countenance for a moment any act that cannot fail to discount a profession that has always stood for everything that is highest and most honorable. It should be remembered that, if a physician issues a false certificate, in good faith, and without any actual intention to assist in a fraud, he may be criticized by his fellow practitioners; but, if such a certificate is given wilfully, he is liable to criminal prosecution. Let one and all do their utmost to exercise the greatest of care in signing statements concerning the physical condition of any person requiring a certificate for purposes connected with the Naval or Military Services, or with the granting of pensions.

THE SIX YEARS' UNIVERSITY COURSE IN MEDICINE

THE Universities of Toronto and McGill have decided to establish a six years' medical course similar to that in the larger universities of the United States and in Manitoba, to take the place of the five years' course, commencing in 1918. The decision has raised, we think unnecessarily, a storm of objection from Queen's University, where it is contended that the

new regulation will reduce " the supply " of doctors at a time when they are most urgently needed.

The Senatus of both the Universities of Toronto and McGill feel that time should be allowed for a more extended Arts training before the actual study of medicine commences, and also for more practical hospital work just prior to graduation. There is no doubt that the tendency of to-day is, and has been for years, towards a raising of the standard in medicine, and we feel that the decision of the two principal teaching bodies is along that line and will meet with the approval of most thinking men. That Canada to-day is overcrowded with doctors, particularly in the larger cities, there is not the slightest question, and the difficulty in earning a livelihood from the practice of medicine is becoming greater every year. Some such step as that decided upon, therefore, was necessary, and will be welcomed by the rank and file of the profession for economic reasons. Apart, however, from that, and what is still more important, the study of medicine is becoming more and more difficult and increasingly scientific, requiring an increased period of study if the practitioner is to be able to cope with the practice of medicine of to-day and to successfully treat disease in its many phases and manifestations. The argument of Queen's, that the enactment of the six years' course will seriously interfere with " the supply," falls to the ground, as such cannot be the case, at the earliest, till 1924. The contention that the average student of medicine will be unable to afford the necessary additional outlay, we are inclined to question, as the expense of the

sixth year will be but trifling, and at most not exceed a few hundred dollars.

It seems to us that the additional training decided upon is necessary, and through it the medical practitioner, subsequent to 1924, will find himself to be a better and more successful doctor, and his patients better satisfied, as a result. Our universities, to be successful teaching bodies, must keep in the forefront as such, or be relegated amongst the " has-beens."

THE WORKMEN'S COMPENSATION ACT

In accordance with a definite promise, made by the Ontario Government at the time of the passing of The Workmen's Compensation Act, that they would, ere long, introduce an Amendment whereby the medical profession might have corrected what has undoubtedly been to them a glaring injustice, an influential deputation waited upon the Attorney-General on January fifth. The deputation consisted of representatives from the Manufacturers' Association, Labor and the Medical Profession. The profession were represented by Dr. E. E. King, President of the Ontario College of Physicians and Surgeons, Dr. John Ferguson, President of The Academy of Medicine, Dr. Milton Cotton, Chairman of the Special Committee appointed by The Academy of Medicine, Dr. Herbert Hamilton, Dr. N. A. Powell, Dr. Griffin, of Hamilton, Dr. Kellman, of Niagara Falls, and others. A very careful brief had been prepared, dealing with the subject, and was ably presented by

the President of The Ontario Medical Council. It pointed out that provision for medical and surgical treatment of an injured man had been completely ignored in the Act, and that thereby physicians had been treated in a most high-handed and unfair manner. Dr. King further called the Attorney-General's attention to the fact that, contrary to what some of the Labor representatives think, the doctors who attended injured men in the hospitals are *not* paid out of the hospital funds, and that in some parts of the United States, where they have a Workmen's Compensation Act, said Act has been amended to provide for reasonable medical, surgical and hospital service and supplies. The attention of the Attorney-General was very sharply called to the fact that the medical profession are essential to the working out of the Act, and that, had it not been for the loyal assistance of the profession to the Government since it was first passed, it would have fallen to the ground.

To say that the whole thing has been a rank injustice to the doctors as a class is expressing it mildly, and the sooner the Government realize this the better for their legislation. What right, we ask, have the Government to expect the profession to work for nothing? Don't physicians give enough of their services *gratis* without being imposed upon?

The Labor representatives, during the meeting, were quite sympathetic with the attitude of and arguments presented by the medical men who were present, but the manufacturers present seemed to feel that they were being imposed upon enough as it is without having to pay additional for the services of

the physician or surgeon. If they feel that way, then let them try and see how they will make out if the medical profession stand on their rights and refuse to attend their cases. If something is not done, and that quickly, to remedy the present most unfair state of things, then the profession will have to consider what they will do in the matter and decide whether they will, or will not, continue to be parties to an intolerable burden. Surely no one can complain if the Board is asked to remunerate to a reasonable extent the physician attending an injured man for a period not exceeding the first forty-five days of his disability, except in severe burns or major operations. Let the Attorney-General think, and think quickly.

MEMBERS OF THE MEDICAL PROFESSION INCLUDED IN NEW YEAR HONORS

WE again take the greatest of pleasure in extending heartiest congratulations to two more of our confreres, who, as the result of duty well done, have been honored by His Majesty—Colonels H. S. Birkett, Montreal, and J. A. Roberts, Toronto, both of the C.A.M.C. Both of these gentlemen are now "Companions of The Bath," and we but voice the opinion of the entire profession in stating that they deserve all they got and more. Col. H. S. Birkett, C.B., has been attached to No. 3 Canadian General (McGill University) Hospital, stationed at Etaples, Col. "Jimmy" Roberts, C.B., being Officer in Command of No. 4 Canadian General (Toronto University Base) Hospital, stationed at Saloniki, Greece.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Original Contributions

HYPOCHLOROUS ACID IN SURGERY

BY CHARLES H. GILMOUR, M.B. (TORONTO), M.R.C.S. (ENGLAND).
Lieut.-Colonel, C.A.M.C., Senior Surgeon Bramshott Military Hospital.

During the past two years I have had exceptional opportunity for testing all the better-known antiseptics, both in military and civil surgery. The ideal antiseptic is one which, when it exerts its antiseptic action, does not devitalize the body tissue, but promotes the formation of healthy tissue. Hypochlorous acid answers these requirements, and by both bacteriological and clinical tests appears to be the most powerful and efficient antiseptic so far discovered.

Very early in this war it was recognized by every surgeon in France that nearly all of the wounds arriving at the Base Hospitals were severely infected, and many of the extensive wounds gave histories of infection from the very beginning. The aseptic methods previously employed were found useless in this new class of surgery.

Recognizing this, Prof. Lorrain Smith and his associates in Edinburgh, and also Prof. Cohen of the University of Leeds, with the assistance of Drs. Dakin and Carrell of the French hospital at Compiegne, began independent studies of the value of antiseptics for surgical use. As a result of their experiments, the antiseptic formulated proved to be practically the same in both cases, and each proved, both bacteriologically and clinically, to be equally efficacious. Having tried both in several thousand cases, we have found the product of the Edinburgh committee less irritating to the healthy skin than the solution made by Prof. Cohen and his co-workers.

*Written specially for *The Canadian Journal of Medicine and Surgery.*

The Edinburgh committee gave the name Eusol to their hypochlorous acid mixture, and it is made according to the following formula:

To one litre of water add 12.5 grams of bleaching powder (chloride of lime), and shake vigorously and add 12.5 grains of boric acid powder and shake again. Allow to stand overnight, then filter off and the solution is ready for use.

This solution contains:

Hypochlorous acid	0.54 per cent.
Calcium biborate	1.28 per cent.
Calcium chloride	0.17 per cent.

It should be kept well corked in dark-colored bottles, and is effective for one month, when a fresh solution should be used.

The solution tested by Drs. Dakin and Carrell at Compiegne differed somewhat from the above in its preparation. This mixture was called Hypochlorous Acid or Chloramine, and, in making it, Prof. Cohen used the following formula: Take sodium carbonate (dry) 140 grams, (or 400 grams of the crystallized salt), dissolved in 10 litres of tap water, chloride of lime 200 grams is added, the mixture is well shaken, and after half an hour the clear liquid is siphoned off from the precipitate of calcium carbonate and filtered through a cotton plug. Boric acid 40 grams is added to the clear filtrate and the resulting solution is ready for use. This solution contains hypochlorous acid 0.5 to 0.6 per cent. and should not be kept longer than one week. Care must be taken that the boric acid be not added before filtering, but afterwards. It will be seen that both solutions contain practically the same amount of hypochlorous acid.

The view is taken that the efficacy of either of these mixtures is due not so much to the nascent oxygen set free but more probably to the chlorine released, taking the place of the hydrogen in the protein molecules and so forming substances of the chloramine group. The solution has shown its power to dissolve necrosed tissue, also it produces a flow of lymph from the tissues, a condition which has been insisted upon by

Sir Almroth Wright in his articles on the hypertonic saline treatment of wounds. It also has some hemostatic power and it has been proven that its action is purely local and that it is non-toxic.

That the use of hypochlorous acid as an antiseptic is not new has been shown in an article by Dakin when he reports that Berthollet, in 1788, used a very similar mixture made from bleaching powder, and four years later "Eau de Javel," which was made by passing chlorine into crude potashes, became popular. In 1820, Labarragne, who was pharmacist to Louis XVIII, prepared a fluid known as Liqueur de Labarragne, which had strong antiseptic properties and which was used for embalming the royal body. Following this, Semmelweis succeeded in preventing puerperal septicemia in his clinic by the use of a combination of calcium chloride and calcium hypochlorite.

The cases of infected wounds admitted to our wards in France were treated in the following manner: After being put to bed and a warm drink given, their wounds were examined and dressed, and if necessary, an X-ray plate was taken. Arrangements were made to take the badly-infected wounds to the operating rooms. Lacerated, deep wounds were thoroughly opened by long incisions and every pocket examined. All foreign bodies of clothing, bullets, shrapnel, or loose bone removed. All blood clot was cleaned away, and all necrotic tissue freely excised. Badly lacerated muscle and fibrous tissue were clipped away. Counter openings at the most dependent parts were made. Free irrigation was then made with hypochlorous acid solution and strips of gauze, soaked in the solution, packed lightly into the cavity. We found there was great danger in passing rubber tubes into wounds which were close to blood vessels, as they were prone to cause an erosion of the vessel wall and secondary hemorrhage resulted. Many of the secondary hemorrhages we got at the base were caused by rubber drainage tubes having been inserted at the front and, from its pressure, sloughing of the tissue around the vessels resulted, and on removing the tube, or soon after, a rupture of the vessel occurred. After lightly packing all parts of the wound with

gauze soaked in the hypochlorous acid solution, dry sterile dressings and absorbent coverings were used. We never covered this with jaconet or oiled silk. The wound was irrigated with hypochlorous acid and repacked with soaked gauze every four hours. It is most important to have the wound continually bathed in fresh hypochlorous solution. In twenty-four to forty-eight hours the thick purulent discharge became serous or sero-purulent, and the surface of the wound began to be covered with healthy granulations. The patient's temperature would drop and his general condition would be immensely improved. When the surface of the wound was covered with healthy granulations and bacteriological examination showed it free from dangerous organisms, closure was undertaken. This we did by deep, silk-worm gut suture, which underran the whole surface of the wound, care being taken to catch up the deepest part of the wound. The silk-worm gut sutures can be prevented from cutting through the skin by threading them through some rubber drainage tubing.

Where the wounds were deep and great pain was experienced on removing the gauze, the outside dressings only were removed and the gauze was cleaned by irrigation and saturated with fresh hypochlorous acid solution every four hours. In these cases the gauze packing was changed once in twenty-four hours. The great object is to always keep a little pool of hypochlorous acid in the wound.

In gun-shot injuries of the joints we carried out a similar treatment. We excised all damaged tissue of skin, aponeurotic tissue and synovial membrane and removed all foreign bodies of clothing, shrapnel, etc. The joint was then flushed out with a warm hypochlorous acid solution and drainage tubes inserted down to the synovial membrane. We never introduced drainage tubes or gauze into a joint, on account of the irritation produced. We considered it futile to remove one foreign body and insert another. Drainage tubes were inserted down to the synovial membrane at opposite sides of the joint and a warm hypochlorous acid irrigation given gently two or three times daily. At the end of two or three days the tubes were removed and gentle irrigation carried out through the

openings left. All joint cases were kept in proper splints with extension, and were so arranged that the dressings could be changed without taking the limb out of the splint. The Thomas splint with its different modifications and the Hodgins splint proved most useful.

In the treatment of gas gangrene, hypochlorous acid has proven itself to be the most powerful of all antiseptics. The infecting organism was usually found to be the bacillus aerogenes capsulatus, often mixed with a streptococcus infection. In a few cases the bacillus maligni edema was found. On examination a very foul-smelling discharge was found escaping from the wound, which may be large or small in amount, but is often scanty and has a brownish appearance like blood mixed with a liquid mud. This appearance is typical. The skin around the wound is of a dark purple color, the surrounding tissue is swollen and boggy and blebs filled with a sero-sanguineous fluid may be found. Gassy crepitations can be felt, and on pressure bubbles of gas escape through the wound along with the brownish discharge. The muscle has a greyish avascular appearance and is rapidly breaking down, forming a mass of foul-smelling, necrosed tissue. In this mass there is always a lot of gas formation. The gas production is always extensive in the subcutaneous tissue and in the intermuscular connective tissue. If the skin wound is large the muscle bulges through the incision in a great mass and bands of fascia stand out prominently and undergo early necrosis.

Accompanying these symptoms would be high temperature —rapid pulse, increased respirations, restlessness, sweating and delirium.

In the treatment of gas gangrene, large incisions were made and the blood-clot evacuated. All slough and necrosed tissue were cut away, and wherever an emphysematous sensation could be detected, incisions 2 inches or 3 inches long were made through the skin and subcutaneous tissue. The wounds were then irrigated very freely with hypochlorous acid for several minutes and packed lightly with gauze soaked in hypochlorous solution.

This dressing was repeated every four hours. If the cavity were deep, or through and through drainage had been estab-

lished, gauze wicks soaked in hypochlorous acid were run through, and if much pain were caused by their removal, they were left in for twenty-four hours, but hypochlorous acid was run through the wound every four hours, continuing until the solution came away clear. This carried away all the discharge, cleaned the wicks and impregnated them with fresh hypochlorous solution. In cases of compound fracture, especially of the femur, where the infection was deep and the whole interior appeared one sloughing mass, with the dirty, foul gaseous discharge, continuous hypochlorous irrigation was established by passing from three to six small rubber catheters, attached to an irrigating can, into the interior of the wound and so arranging the stop-cock to allow about 50 drops to the minute to run through. With this treatment, in twenty-four hours the discharge becomes a glairy, mucous-looking fluid, and all odor disappears. By the third day all slough has separated and healthy granulation tissue commences.

Case.—Sergt. "A," wounded Sept. 26th, 1915, at Loos. Admitted Sept. 28th to No. 2 Canadian General Hospital, France, with compound comminuted fracture left femur and gas gangrene—temp. 103.2—pulse 148—delirious—marked pallor and general appearance of being very septic. Examination showed two bullet wounds at the inner and outer sides of the thigh. Whole leg was very much swollen and brawny and, on palpation, crepitations could be felt and bubbles of gas, with a dirty, bloody discharge, having an exceedingly foul odor, could be pressed out. He was taken to the operating room and large incisions made and a great quantity of infected blood-clot, necrosed tissue and pieces of clothing were found. Gas was present everywhere and the odor was terrible. The debris was cleaned out, all necrosed tissue clipped away and several pieces of loose bone removed. The wound was then thoroughly irrigated for several minutes with warm hypochlorous acid solution and the patient returned to bed. The leg was placed in a Hodgins splint slung from a Balkan frame and continuous hypochlorous drip, through three catheters, was started. In twenty-four hours temp. 99, pulse 110, and patient looked much better. All odor had left and healthy granula-

tions were appearing on the surface of the wound. The discharge was becoming of a serous, slimy nature. Improvement was steady, and in two weeks he was transferred to England.

In our civil cases we have had the same excellent results. In all cases of recently lacerated wounds the wound was freely irrigated with hypochlorous acid, mopped out well with gauze soaked in hypochlorous acid. Any loose tags were clipped away and the wound united with horse hair or silk-worm gut. Over the wound a pad soaked in hypochlorous acid was placed for twenty-four hours. After this a dry sterile dressing was applied. If the wounds were so filthy that we were not sure they would remain aseptic, an opening was left at one end, into which a gauze wick, soaked in hypochlorous acid, was inserted. This wick was kept moist by the nurse injecting the solution every four hours. After twenty-four hours the gauze wick was removed.

Case.—Pte. "A.B" admitted Bramshott Military Hospital as a result of motorcycle accident. Examination showed a curved wound through the left eyebrow and forehead 2 inches long, leaving a gap ½-inch wide, exposing the bone, and a wound left side of scalp 3 inches long, the skin torn from the back of both hands and the second metacarpophalangeal joint opened and the extendor tendon cut. The face was much swollen and he was unable to open his left eye. Dirt of every description was ground into edges of the wounds and into the skull bone. The head was shaved and the wounds cleaned by irrigation and removing the fine gravel and other filth with forceps and gauze swabs. The dirty edges and surface of the wounds were clipped with scissors and freely mopped out with gauze soaked in hypochlorous acid. All scalp wounds united with horse hair and all healed by first intention. The opening into the metacarpophalangeal joint was flushed out with hypochlorous acid and the tendon united. The wound was closed with horse hair and placed on a splint. The wound healed by first intention.

We have given hypochlorous acid intravenously in four cases. The hypochlorous acid is freshly prepared after the

Edinburgh formula, the day previous to giving, and repeatedly filtered through sterile absorbent until the solution is perfectly clear, and to this common salt, in the proportion of 8.5 grams to the litre, is added. It may be given in quantities of 50 c.c.m. to 100 c.c.m. and repeated in two or three days if necessary.

Case.—Corpl. "A.B." admitted Bramshott Military Hospital with compound comminuted fracture lower end of femur. The patella was shattered and the upper surface of the tibia destroyed. The joint was very septic, the whole surface of the wound being covered with a thick slough, and a very thick discharge poured from the joint. Amputation performed two days after admission. Patient recovered from shock of operation. On the second day the temperature went up to 103 and pulse 130. The condition of the wound did not warrant the temperature, and nothing could be found in the chest. The white blood count was 12400, with 84 per cent. polymorphonuclears; blood culture showed a streptococci infection. Twenty c.c. of a polyvalent antistreptococcic serum was given and repeated the following day without any benefit. Temperature now running 104, pulse 144. An autogenous vaccine was made and a dose given every four days, but with no benefit. At the end of the second week the case looked hopeless. Patient was having rigors. High temperature continued, pulse was fast and feeble and general malaise was present. We decided to try hypochlorous acid. Three hundred c.c. of normal saline was first given intravenously, followed by 80 c.c. of hypochlorous acid, and this was followed by 25 c.c. of saline. The following day the temperature dropped to 101 degrees and the patient appeared better. Three days later we again gave 300 c.c. of normal saline intravenously, followed this time by 100 c.c. of hypochlorous acid, this being again followed by 25 c.c of normal saline. Improvement was gradual from this day, and in six days the temperature was normal. The patient made a slow but gradual recovery.

In empyema, the irrigating of the cavity with hypochlorous acid may be of great benefit. In two cases, where we performed an excision of the ribs, the cavity was gently irrigated with

warm hypochlorous acid solution. The irrigation was carried out daily, the solution being allowed to flow slowly through a rubber catheter into the pleural cavity. Both made rapid recoveries, their wounds closing much more rapidly than usual.

Points of especial value:

1. Cheapness—two gallons can be made for a few cents.
2. Ease of preparation.
3. Non-toxic—absolutely no danger from absorption.
4. Keeps wound bathed in a profuse flow of lymph containing antibodies.
5. Practically painless.
6. Dissolves necrosed tissue.
7. Wounds lose their fetor.
8. Has hemostatic properties.
9. Has been proven to be a most powerful antiseptic.

The next meeting of the Ontario Medical Association will be held in Toronto on May 30th and 31st, and June 1st, 1917, in the Mining Building, Toronto University. Already the committee have been able to obtain promises from eminent men in the profession, including Dr. Babcock, of Philadelphia; Dr. Christian, of Boston; Dr. Chapman, of Montreal; Dr. McHenty, of New York; and Dr. Balfour, of Rochester, Minn.

The meeting will be a most successful one, and a large attendance is probably assured. Every member of the Association is asked to co-operate to make this "war" meeting a record breaker.

The Executive Council of the Canadian Medical Association has decided that the Association should resume its Annual Meetings, and the meeting for 1917 will take place at Montreal in June, under the presidency of Dr. A. D. Blackader. The meeting for 1915 was to have been held in Vancouver, under the presidency of Dr. McKechnie, but it was decided later, owing to stress of war conditions, that no meeting should be held that year. The dates decided upon are June 13th, 14th and 15th, and the President and his officers are very anxious indeed that as many members of the profession as possible arrange to be present.

Society Proceedings

ACADEMY OF MEDICINE, TORONTO

Professor V. C. Vaughan, in his address upon the subject "The Protein Poison and Its Relation to Immunity and Disease," at the December meeting of the Academy of Medicine, discussed the position of the bacteria among living things. According to our conception and definition of vegetable life, we cannot consider bacteria to belong to this group—no cellulose is present—neither do they belong to the animal group. They must be placed in a group of their own.

They contain, instead of nucleo proteid, a glyco-nucleo proteid. In the study of the chemistry of bacteria the colon bacillus has been used in a large series. Finding that this bacterium, when dead, is toxic to animals, an attempt was made to separate the poisonous from the non-poisonous part. The poisonous part is soluble in alcohol and ether, the non-poisonous is insoluble in alcohol.

Further study was made to find whether non-pathogenic bacteria likewise contain a poisonous and a non-poisonous substance. This was found to be true.

Further attempts were made to find out whether a similar poison was found in the higher nucleo proteids of animal cells, and later vegetable proteins, gluten of wheat, etc., were studied and proven to contain the same poisonous substances.

Every true protein contains a poisonous substance, and whatever the source of the protein, the poison is similar.

Those with the larger content of the protein poison are the proteins of our daily food. Casein contains, perhaps, the highest proportion of the protein poison. It is not a poison when administered by the mouth. It is dialysable, but dialyses very slowly and is absorbed very slowly from the intestine. It

is split up into harmless amino acids by the digestive ferments. While not exactly alike from all its sources, its effects on animals is similar in its lethal properties.

The symptoms and lesions of disease are not due to the growth and multiplication of the infective bacteria in the body. For (1) they are rapidly growing during the stage of incubation when neither symptoms nor lesions are present, and (2) dead bacteria injected into the blood stream cause the same lesions, e.g., in typhoid dead bacteria will cause all the ulcerative processes.

The strong, vigorous man elaborates substances which kill the invading bacteria. With heavy dose and great resistance the bacteria are rapidly killed and the protein poison sets up acute symptoms. In a study of the records of typhus and typhoid epidemics from those in England and Ireland 200 years ago down to personal investigations in the American army in 1898, it is an outstanding fact that the case mortality is greater in the strong and vigorous than in the weak and feeble. The case incidence is greater amongst men than women, in young adults than older adults. In Ireland many years ago, it was shown that amongst the poor, half-starved peasants, the case mortality was 1 in 23. Amongst the physicians, nurses, priests, and social helpers, the mortality was 1 in 2.

The dead bacillus of a species to which an animal is immune rapidly kills the animal from the rapid setting free of the toxic substances. The dead bacillus of a species to which the animal is non-immune does not rapidly kill the animal, but it grows in the animal without the rapid killing and setting free of the protein poison. In the period of infection of an acute infectious disease, there are not symptoms, but during the invasion and fastigium the invading bacteria are being destroyed, toxins are set free and the stage of symptoms has arrived. With leucocytosis active there is less toxin set free and symptoms are definitely less.

The subject of anaphylaxis was discussed in short, and it was pointed out that when a patient is susceptible to horse serum or diphtheria antitoxin, the injection of one minim will overcome this, and in a few hours any quantity may be injected without danger.

Professor Vaughan pointed out that the protein poison is a poison, not a toxin. There is no antidote. It does not form an antitoxin.

Vaccines may stimulate protective substances to overcome a localized lesion, but the use, for example, of tuberculin in cases of extensive pulmonary disease seems rash, unscientific and doubtless does much harm in many cases.

The use of vaccine in a patient who is weak, e.g., in advanced myocardial disease, is to be deprecated. The setting free of the protein poison may cause disastrous results.

In closing, Prof. Vaughan illustrated his lecture by lantern slides, showing the construction of the large tanks in which he grows his bacteria for chemical study, and a series of charts illustrating the febrile reaction in animals subjected to subcutaneous and intravenous injections of various protein substances, bacillary and non-bacillary in origin.

The paper was discussed by Prof. Hunter, Prof. J. J. Mackenzie and Major Fitzgerald.

The different meetings of the Academy of Medicine during January were of particular interest, the attendance being unusual.

The usual Stated Meeting took place in the Mining Building, College Street, on the evening of Tuesday, January 2nd. The chair was, as usual, occupied by the President, Dr. John Ferguson, who presented to the Academy a beautiful portrait of Sydenham. The Academy are certainly under a deep debt of gratitude to Dr. Ferguson for his handsome gift, and we here take the opportunity of expressing the hope that Presidents of succeeding years will follow Dr. Ferguson's example and materially assist in adorning the walls of the Academy building in Queen's Park with portraits of eminent medical men. In making the presentation, Dr. Ferguson said that the subject of his remarks was born in 1624 and died in 1689, at the age of 65. He lived in the midst of a very brilliant constellation of men, such as Cromwell, the statesman; Milton, the poet; Newton, the world's greatest mathematician; Dr. John Locke, the founder of the British School of experimental philosophy; Glisson, remembered by his investigations on the liver; William Harvey, the father of physiology; and Richard Wiseman, the first great English surgeon.

Sydenham has been called the Hippocrates, or father of British medicine. He adopted the clinical method in the study of disease. Like Bichat, an eminent French physician, he did not believe in going to books, when nature furnishes one with the original sources of information in the sick themselves. It is for this reason that Sydenham did not read many books, but we are told that he very thoroughly perused the Bible for his religion, Hippocrates for his medicine, Cicero for his Latin, Bacon for his philosophy, and Cervantes' Don Quixote for his humor.

Sydenham was distinguished above most men for three reasons: He was a notable type of citizen, he was a fearless soldier in the cause of liberty, and he was an ornament for all time to the medical profession. The Royalist trooper, who destroyed Sydenham's home and murdered his mother, young Sydenham pursued throughout the country until he overtook him, and, in single combat, put the ruffian to death.

The portrait you see before you is one hundred and thirty-one years old, and is a copper-plate reproduction of the painting by Mr. Lely, which has always been regarded as the best extant of Sydenham. As you view the portrait, you are attracted by the fine brow, the sad but thoughtful eyes, the stoical but kindly mouth, and the face which is a combination of Cromwellian strength and Miltonic beauty.

As we cast our eyes back over the two hundred and twenty-seven years that separate us from the death of Sydenham, and recall the man revealed by his portrait, the eulogy of Hamlet over his revered father may fittingly be voiced on this occasion:

> "See what a grace is seated on his brow;
> Hyperion's curls; the front of Jove himself;
> An eye like Mars, to threaten and command;
> The station of the herald Mercury;
> A combination and a form, indeed,
> Where every god did seem to set his seal,
> To give the world assurance of a man."

This portrait shall be one more addition to the *lares et penates* that adorn the walls of our Academy building, and as we see it, be reminded that still *ut aster inter asteres fulget.*

Dr. Alexander McPhedran read a very good paper on "Diagnosis of Tumors in the Upper Zone of the Abdomen." The paper was particularly interesting and received a very nice reception. Dr. McPhedran was followed by Dr. B. P. Watson, whose paper dealt with "The Rational Treatment of Puerperal Infections." The evening was closed with a talk by Dr. Alexander Primrose, who recently returned from Greece. It was illustrated with some splendid views of No. 4 General (Toronto University Base) Hospital. The Programme Committee are to be congratulated upon this successful evening.

The other Section Meetings took place as announced in the calendar.

The Section of Medicine drew a very nice audience. There were several clinical cases presented by Drs. G. W. Ross and F. A. Clarkson; Dr. Fletcher McPhedran read a paper on "Leukemia."

The Section of Surgery met on January 16th in the Academy, when several interesting cases were presented by different Fellows. Papers were read by Drs. J. M. Cotton, A. Primrose and W. E. Gallie.

The Section of State Medicine has a particularly good programme on January 25th, when Dr. Gordon Bates presided. The evening was devoted to a symposium of venereal diseases. Papers were read by Drs. A. McPhedran, C. J. C. O. Hastings, C. K. Clarke and Gordon Bates. The discussion was opened by Dr. H. B. Anderson and followed by Drs. J. G. Fitzgerald, H. K. Detweiler and C. H. Hair.

Militia and Naval Medical Services and Ambulance

Dr. J. S. Matheson, of Brandon, Manitoba, has left for Overseas service.

Captain J. G. Fitzgerald has been promoted Temporary Major while acting as D.A.D.M.S. 2 Sanitation, M.D. 2.

Dr. Charles Temple is attached to Moore Barracks at Folkestone, and will spend the winter there.

Dr. R. E. Davis has been appointed Medical Officer of Health of Shelburne in succession to Dr. J. A. Smith, who has resigned.

The following have joined the Canadian Army Medical Corps: Dr. McCue, of Walkerton, Ontario; Dr. L. V. Turrill, of Outlook, Saskatchewan.

Captain Gordon Gunn, R.A.M.C., of Edmonton, has been recommended for distinction for conspicuous bravery on the field of action.

Lieutenant G. A. Lyons, R.A.M.C., is the Medical Officer of the 25th Middlesex Regiment. Lieutenant Lyons graduated from McGill University last Spring.

Captain R. W. Phillips, C.A.M.C., late of 618 Dovercourt Road, Toronto, is now stationed at Shoreham Camp, Sussex, England, as Medical Officer for the Sportsmen's Battalion.

Dr. R. W. Clarke, of Bowmanville, Ontario, has been obliged to resign his position of Medical Officer of the 235 Battalion on account of his health and has resumed civil practice.

Dr. Gordon G. Malcolm, of Lac du Bonnet, Manitoba, has joined the staff of a Field Ambulance for Overseas service. Dr. Malcolm is a graduate of the University of Toronto.

Dr. Fred W. Hall was appointed Acting Medical Officer of Health at the meeting of the City Council, on the recommendation of Captain George Musson, M.O.H., now on active service.

Captain (Dr.) W. J. Kirby, A.M.C., has been transferred from the A.M.C. Training Depot No. 1 and appointed as Medical Officer of the 198th Overseas Battalion, C.E.F., with the rank of Captain.

Captain (Dr.) Kent Manning, A.M.C., has received the appointment of Medical Officer to the 205th Overseas Battalion, C.E.F., succeeding Capt. (Dr.) F. G. Morrow, A.M.C., resigned.

The following promotions in the Canadian Army Medical Corps have been gazetted: To be Majors—Captains S. M. Polson, Garfield Platt, and W. H. Ballantyne, of Queen's Military Hospital.

Captain (Dr.) C. L. Brooks Stammers, of Smith's Falls, Ont., has been invalided home. Dr. Stammers is attached to No. 1 Stationary Hospital, Saloniki, Greece, and has served with the C.A.M.C. in France, the Dardanelles, Malta, and Egypt.

Major (Dr.) Roscoe D. Arnott, Stratford, has been awarded the Victoria Cross for conspicuous bravery. Dr. Arnott practised in Stratford for a year. He is likely to lose a leg as the result of wounds received in the exploit for which he was decorated.

Surgeon G. G. Membery, M.R.C.S., son of Mr. W. R. Membery, Adolphustown, Ontario, has been promoted from surgeon on H.M.S. *Cochrane* of the Second Cruiser Squadron, to that of Fleet Surgeon of the Tenth Cruiser Squadron, stationed on H.M. Flagship *Hildebrand.*

We are informed that Major John A. Amyot is now Sanitary Adviser to the Second British Army in France. He has been mentioned in despatches for valuable work, and has been recommended for a Lieutenant-Colonelcy. Major Amyot's three sons are with No. 4 General Hospital at Saloniki.

Captain (Dr.) Harry R. Smith, who has recently been serving with the R.A.M.C., has been wounded. He was attached to the First King's Own Royal Lancaster Regiment. Capt. Smith graduated from the University of Toronto in 1914, and was immediately granted a commission and went Overseas, being stationed with his regiment in Egypt for a year

Captain D. J. MacKay, C.A.M.C., who recently returned from England, has been appointed Medical Officer of the 118th Waterloo Battalion. Captain Austin D. Irvine, C.A.M.C., of Montreal, has been appointed Medical Officer of the 245th Overseas Battalion, Canadian Grenadier Guards. Dr. Irvine graduated from McGill University in 1896. Captain L. T. Ainley, C.A.M.C., is the Medical Officer of the 222nd Battalion.

Captain G. A. McLarty, 70 Kendal Avenue, arrived home on December 22nd on leave from the Front. He has seen ten months of service with the Imperial Army. He was born at St. Thomas, and graduated in medicine at the University of Toronto in 1915. He left immediately for Overseas, and took his commission as Lieutenant in the Royal West Kent Regiment. About two months ago he was promoted to a Captaincy.

Before going Overseas, he was on the Staff of the Toronto General Hospital. His father formerly practised medicine at St. Thomas.

Temp. Col. Arthur Evans Snell has been decorated with the Distinguished Service Order. He is a graduate of the University of Toronto. He went Overseas with No. 2 Field Ambulance, and has been at the Front many months. Col. Snell, who is 40 years of age, graduated in medicine at the University in 1899. He first became identified with the Canadian Militia in 1906, when he was appointed a lieutenant in the Army Medical Corps. He joined the permanent A.M.C. in 1910, with the rank of Captain. In September last he was given his Majority. He was attached to the London Military District.

The Military Cross has been conferred upon the following Canadians: Captain H. H. Argue, C.A.M.C., of Toronto, " who

attended and dressed the wounded under heavy fire, displaying great courage and determination." Captain Argue was assistant superintendent of the Toronto General Hospital and received his commission in the Canadian Army Medical Corps on April 26th, 1915. Captain Felton, C.A.M.C., of Snooke, British Columbia. Captain William Brown, C.A.M.C., who "attended and dressed the wounded for forty-eight hours under heavy fire, displaying great courage and determination." Captain A. H. Taylor, C.A.M.C., Medical Officer of the 24th Battalion, Victoria Rifles, and son of Dr. Taylor of Goderich, Ontario.

Another Medical graduate of the University of Toronto, Lieut. Charles Stuart Wynne, who was a House Surgeon at the Toronto General Hospital before going Overseas, has also been awarded the Military Cross for "working all night attending and dressing the wounded in the open, thereby saving many lives. Later he carried out his fine work continuously for three days."

Lieut. Wynne, Toronto, graduated in 1914, and immediately afterwards received his appointment in the Toronto Hospital. Last December he went Overseas and was gazetted to the R.A.M.C. He has been several months at the Front, and returned to Toronto on leave the first week of January.

For continually leading stretcher-bearers under very heavy fire and on many occasions himself rescuing wounded men, Capt. Leeming Anderson Carr, a graduate in Medicine from the University of Toronto in 1915, has been awarded the Military Cross. "He set a splendid example of courage and determination," says the official account.

Capt. Carr is the son of Dr. Leeming Carr, of Hamilton, but he lived in Toronto at 538 Huron Street. At the outbreak of the war he had not completed his medical course, but he volunteered and went Overseas as a Sergeant with No. 2 Casualty Clearing Hospital. In 1915 he came back to Toronto, received his degree, and immediately went Overseas again and became attached to the Royal Army Medical Corps. He has been serving with No. 54 Casualty Clearing Station, R.A.M.C., with the Mediterranean forces near Saloniki, and has been recently promoted to the rank of Captain.

He was a well-known football player at Varsity, and also played for the Alerts at Hamilton. His Military Cross is the third to be won by members of the Alpha Kappa Medical Fraternity, as well as one D.S.O.

Captain (Dr.) D. Edwin Robertson, 143 College Street, Toronto, has been mentioned for bravery by Gen. Haig. He volunteered for active service immediately upon the declaration of war. He joined the 3rd Battalion and went with that unit to Valcartier. He was there transferred to the 1st Battalion, and in February, 1915, went to France with the Field Ambulance of the First Division. From then until December he was stationed in the front line trenches in an advanced dressing station. He returned to the home of his sisters, 97 Farnham Avenue, Toronto, the day before Christmas. Capt. Robertson has had many narrow escapes, having participated in every large engagement that the first contingent has been in, but came through unscathed.

Before going Overseas he was a surgeon in the Sick Children's Hospital, where he is continuing his work. He is also associated with Dr. Gallie at the Convalescent Home, College Street. Capt. Robertson is a graduate of Toronto University, Harbord Collegiate and the Model School.

Obituary

DEATH OF LIEUT.-COLONEL McLEOD

Lt.-Colonel R. C. McLeod, Officer Commanding the St. Francois Xavier Hospital Unit, died on January 4th at Bramshott, England, from spinal meningitis. His body was brought to Nova Scotia for burial. The late Lt.-Col. McLeod was born at Margaree, Cape Breton Island, fifty-one years ago. He graduated in medicine from New York University.

DEATH OF DR. JAMES H. COTTON

Dr. James H. Cotton, Sr., one of Toronto's oldest practitioners, passed away at his late residence, 703 Spadina Avenue, on January 9th, in his sixty-eighth year. Dr. Cotton has been in failing health for the past few years, though his demise was quite unexpected. Dr. Cotton had practiced medicine in Toronto since his graduation at the University of Toronto in 1875. He was born at Garafraxa on July 20th, 1849. He obtained a further degree from the University of Edinburgh, Scotland, in 1877. He practiced in Mount Forest for a time, afterwards taking a post-graduate course in New York, when he moved to Toronto.

DEATH OF LIEUT.-COL. ANDREW ROBERTSON GORDON

It is with sincere sorrow that we record the death, on Saturday, December 16th, of our friend and esteemed collaborator, Dr. Andrew R. Gordon. The Doctor passed away at his home on DeLisle Avenue, Toronto, after a long illness.

As is well known, Dr. Gordon was connected with the University of Toronto Base Hospital and went Overseas with that unit in May, 1915. He was invalided home in July of the same year, and, after undergoing an operation for appendicitis, was attached to the Medical Staff at Exhibition Camp, where he served until he was taken ill the following April.

Dr. Gordon was the fifth son of the Rev. Donald Gordon, and was born in Glengarry County, Ontario, in 1863. The family later moved to Harrington, Ontario. Dr. Gordon completed his course in medicine with honors, and for some years was Professor of Clinical Medicine in the University of Toronto. In 1893 he gave up general practice and devoted himself to special work on the heart, having worked for nearly a year in London under Sir James McKenzie.

Dr. Gordon is survived by his widow, a son, Lieut. A. R. Gordon, C.M.T.C., and a daughter. He was a brother of the well-known author, Ralph Connor (Major C. W. Gordon), of Col. J. R. Gordon, of Sudbury, and of Lieut.-Col. Henry Gor-

don, C.A.M.C. The Doctor was buried with full military honors from Bloor Street Presbyterian Church on Tuesday, December 19th, the service being conducted by Rev. Dr. W. G. Wallace, Rev. Dr. Pidgeon, and Lieut.-Col. G. H. Williams, Chaplain of the District.

DR. JAMES LOUDON CALLED

The death took place on December 29th of Dr. James Loudon, ex-President of Toronto University, at his residence, 83 St. George Street, Toronto.

Dr. Loudon graduated from Toronto University in 1862, and was gold medalist in mathematics.

The late Dr. Loudon was a Fenian Raid veteran. From 1892 to 1906 he was President of Toronto University. He made many important discoveries in optics, and published numbers of scientific and mathematical articles; he was a well-known contributor to Canadian, American and British journals.

The degree of LL.B. was conferred upon him by Glasgow University, Princeton University, Toronto University, Queen's University and Laval University. He was also D.C.L. of Trinity University. He was President of the American Association for the Advancement of Science in 1897, which met in Toronto that year, and was composed of men of science from all over the world, and was Vice-President of the British Association of Advancement of Science, also President of the Royal Societies of Canada.

DEATH OF DR. WILLIAM OLDRIGHT

The profession throughout Canada regretted extremely to learn from the daily press, on January 4th, that Dr. William Oldright, who left Toronto a few years ago, had passed away at the home of his daughter in Chicago on January 2nd. Dr. William Oldright was one of Toronto's most brilliant scholars, and was Associate Professor of Clinical Surgery and Professor of Hygiene at the University of Toronto until he gave up

active work. He passed away at the ripe old age of seventy-four, having been critically ill for some time past. The Doctor was in Toronto in November last and had spent the last few winters at his home at St. Kitts, West Indies. He had intended going there again this winter, but was overtaken by illness on the way and passed away, surrounded by his wife and the members of his family. His remains were brought to Toronto and interred on Friday, January 5th. The death of Dr. Oldright removes one of the oldest graduates of the University of Toronto, to which institution he was deeply devoted. He was long associated with St. Michael's Hospital as one of its surgeons. He received his preliminary education at Brantford Grammar School and graduated in Arts in 1863. He took the degree of Bachelor of Medicine in 1865, and was a member of the Council of Ontario College of Physicians and Surgeons from 1869 to 1872, and Chairman of the Provincial Board of Health in 1882. He was also a Senator of the University of Toronto for a lengthy period.

THE PASSING OF "DEAN GEIKIE"

Just as we go to press, we learn with deep regret of the demise of Dr. W. B. Geikie, one of the nestors of medicine in Canada. We hope to make extended reference to this next month.

Major Stanley Ryerson, who went on active service considerably over a year ago on the staff of No. 4 General Hospital at Saloniki, returned to Toronto on January 10th on two months' leave.

Capt. Gordon Gallie and Capt. George Willson, both of Toronto, who till recently were attached to No. 4 Canadian General Hospital at Saloniki, have been laid up in England, suffering from dysentery, contracted while on duty in Greece. They are, however, both recovering, and expect to return to Toronto on indefinite leave at an early date.

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Editorials

THE PASSING OF "DEAN GEIKIE"

In commenting on the lamented death a few weeks ago of Dr. W. B. Geikie, we feel that we cannot do better than to quote from *The Toronto Globe,* which expresses so well the feelings of the whole Canadian Profession:

"By the passing of Dr. Geikie one of the few remaining bonds of connection between the living present and the distant past of Toronto has been severed. He was in his day a physician of large practice, but he voluntarily subordinated this profitable activity to his intense and persistent desire to elevate his profession in the only way open to him: the improvement of the qualifications of intending physicians and surgeons for their difficult and responsible calling. He began his didactic work in 1856, and he kept it up almost without interruption till 1902. During this long interval he was for many years an active medical practitioner, and he never entirely abandoned practice. In this way he was able to keep up with the procession of medical improvement as few medical academicians are able to do.

"Along the way of his educational experience he had from time to time many distinguished companions and co-workers:

among them Dr. Rolph, Dr. Hodder, Dr. Aikins, Dr. Wright, and Dr. Fulton passed on before him. But though he was left almost alone as their survivor, he retained to the last an unimpaired interest in medical training in its higher and more humanitarian aspects, and he was still able, at the beginning of the present war, to regard as one of its compensating advantages to humanity the improvements it was sure to bring in the discoveries and inventions of which it was certain to be the occasion."

"Dean Geikie," as he was known to so many, was beloved by all. He belonged to what is usually known as "the old school," and though, to many, he was old-fashioned in his ideas, yet we say without the slightest fear of contradiction, that he was beloved and respected by one and all as a sincere Christian gentleman, a tribute when used, as in this instance, of which any man may well be proud.

"Servant of God, well done."

THE MEDICAL COMMISSION

An important meeting of those interested in The Medical Commission took place at the Parliament Buildings, Toronto, on January 29th, before Mr. Justice Hodgins. The different bodies interested were represented by such men as President Falconer of the University of Toronto; Dean Connell of Queen's University; Dr. E. E. King, President of the Ontario Medical Council; Dr. J. W. S. McCullough, Provincial Health Officer; Dr. John Ferguson, President of the Academy of Medicine; Dr. N. A.

Powell, one of the Trustees of the Academy of Medicine; Dr. Arrell of Hamilton; Dr. R. A. Reeve, Dr. H. B. Anderson, and others.

Mr. Justice Hodgins had expressed a desire to meet the different medical bodies and discuss certain phases of Medical Education before he attempted to complete his report, which, it is expected, will be laid before the Ontario Legislature during the present session.

President Falconer expressed the opinion that the steps taken to bring the curriculum of Medical Education up to its present standard were first developed within the University itself, owing to the scientific spirit which gradually developed there, and which started in the Department of Bacteriology and immediately spread to the other branches. He said that there had not been any external pressure brought to bear upon the University in order to bring this about and further said that the adding of an additional year to the course was as a result of serious consideration that five years was not long enough. In England, he said, the students found that in most cases they needed an extra year subsequent to their five-year course.

Dean Connell of Queen's University could not, however, agree with Dr. Falconer, and said that, as far as Queen's University went, it was the Ontario Medical Council that had taken the lead in Medical Education at the present time, and the impulse had come from that body. Dean Connell further said that his University was quite opposed to the six-year course at the present time, and in answer to the sec-

ond question asked by Mr. Justice Hodgins, stated that the Canadian Medical Council's examinations were more severe than the Ontario Medical Council's, in that they had seven compulsory subjects, instead of three, and the marks are taken for every subject written and oral separately, while in the Ontario Medical Council they are added together in order to get the percentage.

President E. E. King pointed out that since 1895 the Council had decided that a five-year course was necessary, and not since 1908, as President Falconer had said. The five years did not have to be put in at the University then, but the student could put in the last year either in a hospital, or half with a doctor and half in a hospital, or, if preferred, half in a hospital and half in college. Dr. King further pointed out that the Council had increased the length of attendance at the University, and contended that the College of Physicians and Surgeons had started all the standards for the present medical examinations. He further declared that the Ontario Medical Council was quite able to fix the standards of its own examinations, and that they were up to the standard of any in Canada.

Dr. J. W. S. McCullough and Dr. John Ferguson both thought that the whole Medical Curriculum was necessary in order to prevent wrong diagnosis of disease, and that it was not necessary that forms of unlicensed treatment be taught separately. They should wipe out all Irregular Practitioners who must know that they are practising illegally in Ontario. Both

Dr. McCullough and Dr. Ferguson opined that "fakirs" should not be allowed to practise at all, as they were trading on the ignorance of the public, and were nothing short of moral parasites.

Dr. Arrell of Hamilton, and Dr. R. A. Reeve, Toronto, in addressing the Commission on behalf of Ophthalmologists, objected to the suggestion that a Board should be appointed to examine and license those supplying, by purely mechanical means, glasses for defective vision, as a man who had no training in medicine cannot possibly examine eyes in a scientific manner, not using the same apparatus as oculists do and not being properly trained to do refraction work.*

We earnestly trust that Mr. Justice Hodgins, in making his official report, will take the view held by the entire Medical Profession throughout the Province, namely, that all Practitioners of Medicine, both regular and irregular, no matter to what sect they belong, should take the same course of education, as the public must be protected. We are looking forward to The Commissioner's Report, and feel that he sufficiently grasps the subject before him to recommend to the Legislature the course above suggested.

*Professor Irving H. Cameron of the University of Toronto told Mr. Justice Hodgins that medical practitioners wanted "no squatters' rights in medicine." This was the case, he said, with chiropractors, osteopaths and others who flopped themselves down and claimed to have adequate medical training. A diagnosis of a case could only be made after knowledge of structure and function of the human body was obtained.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Original Contributions

ARTERIOSCLEROSIS *

BY ALLEN WHEELER HOLMES, M.D., OF THE JACKSON HEALTH RESORT, DANSVILLE, NEW YORK.

DEATH claims its large margin by arteriosclerosis either directly or indirectly. The mortality from cardiovascular renal disease in the United States increased 40% from 1890 to 1900. This may have been due partly to improved diagnosis, but it is conservative to estimate that arteriosclerosis has doubled in frequency in the past 30 years. One would not think this entirely due to the abandonment of the heroic prescribing of the antimony, salts, calomel, and venesection during the past century.

Life insurance companies are more interested in people for a few dollars than people are interested in themselves for their life. Often with heart compensation in arteriosclerosis, there are no subjective symptoms. From the time of the initial subjective symptom Janeway has found death occurring.

Within four years in 50% of men; within 5 years in 50% of women, and by 10 years half the remainder (75% in all) are dead. He gives the causes of death in their order of frequency as:—

1. Cardiac failure.
2. Uremia.
3. Apoplexy.
4. Complications—as acute inflammation.
5. Angina pectoris.

*Read before a meeting of Western New York physicians who met with the Livingston County Medical Society at the Jackson Health Resort, on Tuesday, October 3rd, 1916.

6. Accidental causes.
7. Acute edema of lungs and cachexia.

Arteriosclerosis is one of many fibroid changes in the body, being the result of irritation to and use of the arteries. Excessive, injudicious eating, especially the supra and malassimilation of protein, as well as animal fats, organic acids, and sweets—produce fibrosis. The ptomaine variety of absorption from the intestinal tract lowers blood pressure, presumably through cardiac depression or splanchnic dilatation. Obesity is an etiological factor. Infection toxins, such as from pyorrhea alveolaris, the intestinal tract, infected gall bladder, urinary passages, sinuses, joints and bones, produce their irritants as proteo-toxins or their split products, causing scar tissue. Anaphylactic shock causes a 20—30 degree rise in blood pressure.

The acid intoxication of muscle metabolism and katabolism is a source. Anything causing prolonged overdistension and contraction of the arteries, produces fatigue, with the accumulation of waste in the vessel wall and blood, and degeneration results, making it a nutritional disease in the arterial wall from overuse. Included here are the aged with his arterial muscles gradually becoming less elastic, and the so-called occupational sclerosis whereby the arteries of the legs of the pedestrian become sclerosed and gangrenous; splanchnics from over-eating become hardened and the cerebral arteries of the thinker become apoplectic. Conversely, we have the unexercised, accompanied by over-eating, with its suboxidation.

Veins carry impure blood, especially in toxemias, yet rarely do we hear of phlebo-sclerosis. Nor do we frequently hear of a splanchnic sclerosis. We do hear of a dilated heart, but arteriosclerosis seems sometimes to be caused more by an over-nourished hypertrophied heart muscle, which, acting with a large, rich volume of blood, produces hypertension and sclerosis.

Men have arteriosclerosis twice as frequently as women, and with a worse prognosis, having more apoplexy and cardiac failure and shorter lives than women. Some people inherit remarkably durable and weak arteries in the various parts of their anatomy.

A prominent etiological factor is nervous fatigue. Thus we have the speculator—possibly the neurasthenic—the nervous in-

digestion patient—excessive mental strain and anxiety, chronic pain, etc., as causes.

The renal conditions cause cardiac hypertrophy and vascular spasm from irritation of waste products, with degeneration of the vessel wall. Taken with the cardiac and syphilitic origins, they can not be too strongly emphasized. Especially in the young do we find syphilis causing premature sclerosis.

Variation in blood pressure at menopause, in exophthalmic goitre and Addison's disease suggest a disturbance of the internal secretions affecting the suprarenals. The adrenals are supposed to raise blood pressure by adrenalin and to destroy waste products of muscle activity. This would seem a minor factor in most cases. Last, not to be forgotten, are certain drugs, such as:—

Lead—acting probably by way of contracted kidney.

Nicotine—stimulating adrenals, and as an irritant to the vessel walls, and digestion, later it is a myocardial depressant.

Caffeine—stimulating heart and kidneys. Also the other heart stimulants.

The first result of any irritation is a reaction. People are prone to separate hypertension from arteriosclerosis. It is but a degree of the same process. One first change comes in the intima of arterioles, where there is a primary injury resulting in a not uniform endothelium proliferation and thickening together with an increase in the connective tissue of the intermediary layers, considerable cellular fibrous tissue results. In some instances in the larger vessels the thickening occurs in the layers beneath the intima and the intima becomes fatty and necrotic. The inner and middle coats undergo fatty degeneration and atrophy and fibrosis results. It reduces the elasticity of the wall to scar tissue, which contracts, encroaching upon its lumen. Later, calcification occurs. Similar changes occur in the aorta and to an extent, in the left ventricle. I mention this pathology in order that emphasis may be put upon taking diastaltic and pulse pressure in the understanding of these cases. Surprising indeed is the profession in its slowness of study of these important symptoms.

The first audible sound of pulse felt upon gradually lowering the pressure of the sleevelet; there read the systolic pressure. Then wait until all sounds disappear; there read the diastaltic

pressure. The difference in these two pressure readings, is the pulse pressure. Normally—the important pressure—the diastaltic pressure—ranges from

65 to 85 in youth,
75 to 90 in middle life,
80 to 100 in old age.

A pulse pressure varies normally from 30 to 50. It should be about one-third of systolic pressure, and the diastolic should be two-thirds of systolic pressure. The pulse pressure is the load of the heart during systole of the ventricle.

Let us turn now to symptoms: People not only patients should be examined for them, for often there are none that are subjective. Important ones are increased systolic blood pressure—increased diastolic pressure and increased pulse pressure, and especially are the pulse pressure and systolic pressure increased. Often these are first symptoms of a beginning hypertension. Other symptoms, of which there may be none or many depending on the degree of sclerosis, are: the history, palpable arteries, gas, indigestion, intestinal colic, dizziness, throbbing head, which feels full at night and may ache through the temples or at base. Early there may be bradycardia; later pain or distress, particularly upon lying on side or with indigestion. Shortness of breath on exertion may be indicative of myocardial or valvular weakenings. The symptoms may also be modified by kidney complications, such as nocturnal polyuria, which may indicate uremia ahead.

Sclerosis cases may have a hypersensitive nervous system, with inability to relax from business when off duty. They are irritable—dream more—are restless and sleepless, especially from 3—5 a.m. Sometimes there are depression, drowsiness and mental enfeeblement, or softening symptoms from thrombosis. Various neuralgic pains, photophobia or via the ophthalmoscope may be early symptoms. Transient or permanent aphasia—the various plegias—gangrene or uremia often indicate our first diagnosis or epistaxis, hemoptosis, or the X-ray may give us our cue. Obesity sometimes is a symptom, while a rapid loss in weight indicates a poor prognosis. Auditory pulsations and deafness, fainting spells, angina attacks, numbness of legs, with

or without cramping pains, and accentuated second aortic sound with aortitis are important. The heart may be hypertrophied.

Many spinal cord lesions result from arterial changes. There may also be changes in the general nutrition, particularly so should diabetes be a part.

It is often difficult to differentiate heart and kidney insufficiency. Myocardial insufficiency suggests:

> Dyspnea with gas and full stomach,
> Inability to lie on left side at night.
> Lowering of blood pressure, especially during diastole, and cardiac physical signs.

The normal recumbent systolic blood pressure is 10-20 degrees lower than when standing. This change may be absent in myocardial weakness. To my knowledge the diastolic blood pressure and pulse pressure have not been studied under these conditions. With failing kidneys we have a different location of the edema.

> A maintained high blood pressure especially the diastolic and more tenderness over the kidneys and kidney symptoms of getting up at night more frequently to urinate.

Not every high tension should be lowered. Every high tension must be studied and a safe systolic pressure established if possible without lowering the patient's efficiency. In acute illnesses a sustained pulse pressure gives a better prognosis than a lowering one. A high diastolic pressure over 105, must receive attention, and over 110 must immediately be lowered if possible. The immediate danger is cerebral hemorrhage, the remote myocardial failure if continued, particularly if accompanied by too high pulse pressure. A high systolic pressure without a high diastolic pressure should not be lowered too rapidly else cardiac depression may be produced. Such a blood pressure prognosticates cardiac failure. In chronic Bright's disease, the diastolic pressure and pulse pressure are raised according to severity of the disease unless there is heart lesion.

A rising diastolic pressure with a lowering systolic pressure may mean an increased venous pressure. The venous pressure should then be estimated.

Arteriosclerosis especially produces a high blood pressure when a vital region is involved.

The profession should study systolic and diastolic pressure in the acute infections more. For example, post-typhoid and during the perforation danger. Also in scarlet fever, indicating pending or beginning nephritis, and in acute rheumatism and pneumonia for myocardial strength.

Given a case with high diastolic pressure that does not respond to treatment—the outlook is bad. The indications for treatment are:

1. Prevent accidents.
2. Maintain circulation.
3. Lower arterial tension.

The treatment should begin very early. In public school it is vital to educate about eating—exercise and rest. It should begin before or while an individual is beginning the personal "stunts" of dissipation and excesses. People should lessen their duties after middle life. With a correct diet, rest, and living, no drugs may be necessary and premature aging in middle life may be prevented. We must guard more closely the convalescence of acute illness and the course of chronic conditions. Every thing which has been enumerated in causation should be reviewed for treatment. A change of environment to educate patient may be necessary. An important feature is rest. Good sleep lowers blood pressure. Chloral or veronal may be indicated at first to effect complete muscle and mental relaxation. An hour's rest in the middle of the day is suggested, whatever exercise increases the heart beat over 20 or 25 per minute is too much. Moderate increasing exercise is the rule. It must be borne in mind that one-third of cases show heart insufficiency. Change of occupation may be necessary. Every active treatment should begin with mercury and a saline followed by a purgative once or twice weekly. The patient's dietetics should be taught him with full reasons. He should eat a good quality of food with moderate amount of salt, nutritious, easily digested, laxative and food should not be bolted. The Karell milk diet may be begun, but should not be persisted in alone, or a buttermilk or orange juice fast for a few days with a gradual return to vegetables and a

mixed diet may succeed in changing the flora of the intestines. Food taken every three to four hours in small amounts keeps the splanchnic vessels full. With indicamuria and evidences of intestinal toxemia bran, agar agar, liquid petrolatum or the sinusoidal abdominally applied current which increases intestinal tone, assist peristalsis. Or lactic acid colonization, colon and gastric lavages, sulphocarbolates and salol and the Zander bowel massages may be of assistance. If the patient be obese, the food bulk should be greatly reduced, especially fats, sugars and starches. Avoid nerve strain, study food relations and institute strictly healthy habits. Whether the diet should be meat protein free or whether meat may be allowed once daily, depends on the patient and his physical activities.

The physical methods of lowering pressure are hydrotherapic. A normal tub bath may greatly relax a nervous tension for sleep. Warm baths, hot air baths, body bakes, Turkish baths and electric light baths are used according to the amount of sweating that is advisable in these cases, depending upon the condition of the heart muscle. If the heart muscle is very weak, profuse sweating is inadvisable or with insufficient kidneys they may concentrate the toxins in the blood. The duration of these baths and the frequency, must be determined by the results. If the heart muscle shows signs of weakness or the heart beat is made rapid, they may be contraindicated or the bath must not be made long. On the other hand, when the surface of the body tends to be cool and there are internal congestions—the value of these baths is very great. The frequency, duration and length of time they are to be intermittently continued depends on the case. We find the Moliere bath most useful in these cases. It is less depressing to the nervous system and heart conditions and is less apt to produce menstruation in women than the electric baths. With it, it is rarely necessary to have a temperature over 110 or 120 to produce profuse perspiration, while in others it takes from 160 to 220 degrees.

Where there is a preponderance of kidney and intestinal symptoms, hot girdle fomentations or packs are of great service. They are applied by wringing out a heavy girdle from hot water. This is quickly wound tightly around the entire lumbar region and abdomen and patient placed in heavy blankets to

perspire. The splanchnic vessels, the one-fourth of our blood vessels and their nerves are thus relaxed and kidney-gas and indigestion are benefited by these hot stoops. The treatments are all most efficient in lowering blood pressure, and especially so when the patient reclines an hour or two after the bath. After a course of such treatments, patients have a diminished systolic blood pressure not only for weeks but months provided they do not break the rules laid down for them.

The Nauheim bath is only used where cases of weak heart complicate the arteriosclerosis. We then use it warm, as it dilates the superficial blood vessels more, hence, tends to lower blood pressure better.

The auto condensation couch lowers blood pressure, but it again rises nearly to its previous record. We have largely abandoned it for the high frequency cage treatment, which seems to produce a more lasting reduction of both the systolic and diastolic pressures. The increased breathing during the cage treatment gives them better oxidation.

Mechanical vibration over the 3 and 4 cervical region and over the splanchnic areas reduces blood pressure. The Zander treatments and massage are especially indicated in the plegias and heart conditions.

High altitudes are bad for heart complications and cold for kidney conditions. A chilling of the skin raises blood pressure, hence, a warm climate with light warm clothing is indicated.

If the patient is very obese, 3 grains of thyroid extract may be given, unless it produces cardiac symptoms. Menopause extreme hypertension sometimes responds to thyroid combined with bromides. Not only does the extract lessen weight, but affects the internal secretions, such as the suprarenal inhibition, causing a lowered pressure the same as in Addison's disease. The bromides irritate digestion, but depress heart and nerves. Papaverin relaxes smooth muscle in the increased tone of post-scarlet uremia—bronchial asthma—angina pectoris and vessel spasm of toxemia of pregnancy.

Any absorption from a latent infection like pyorrhea alveolaris, etc., must be prevented.

Venesection is especially valuable in the patient that is an over-eater with too much blood. It reduces the viscosity of

blood, letting it flow easier and faster—reduces the pulse pressure by taking the load off the heart. It may save a heart—prevent apoplexy and uremia temporarily and should be practised more to save life. It should be repeated as soon as patient's pressures indicate that they have again reached the danger zone.

In syphilitic sclerosis, mercury and larger doses of iodides are used. The iodides in usual sclerosis cases may act by stimulating the thyroid and after prolonged use by reducing the viscosity of the blood, rather than by causing fibrous tissue absorption. Sajodin is the best substitute for (K) & (Na) iodides. They are useful, but their action is not immediate. Fibrolysin, while expensive and irritating, has but moderate success in sclerosis, while arteriosclerosin has been useless in the few cases we have used it in. Robinson found pilocarpine 1/30 grains before meals in 250 c.c. of water, useful. The alkalies, such as sodium citrate and carbonate, or bicarbonate of sodium, overcome to a degree, the acidosis.

Various nerve sedatives may be indicated and even morphine for the pain of a gangrene. Usually the treatment of the latter becomes surgical, however. The nitrates should be postponed for emergencies as patients get a tolerance for them. Amyl nitrite is very quick and transient and is used for angina pectoris and spastic conditions. Nitro-glycerine is very useful—stimulating the heart as well as relaxes arterioles. It acts within three to five minutes when dissolved under the tongue.

Sodium nitrate acts longer. It should be dissolved in the mouth and taken on a full stomach to prevent gastric irritation. Erythrol tetra nitrates action is supposed to be the most lasting in the duration of its action of the nitrites. As a group their action is very evanescent. After all it is increased force and rate of ventricle—increased peripheral resistance also their combination that we treat in high blood pressure. It is the middle man that is the real progressive—not the extremist or ultra conservative. May none of us ever be guilty of causing apoplexy by heart stimulants.

Society Proceedings

THE ACADEMY OF MEDICINE, TORONTO

The usual Academy meeting took place on February 6th in the Mining Building, University of Toronto, at 8.30 p.m. The guest of the evening was Dr. George W. Crile, Professor of Surgery, School of Medicine, Western Reserve University. Dr. Crile is no stranger in Toronto, and it was with a great deal of pleasure that he was received at the Academy last month. He was suitably entertained by Dr. W. H. B. Aikins and other Fellows. Unfortunately Dr. Crile had to leave the city the day following his visit.

The meeting on February 6th was opened by the President, Dr. John Ferguson, who made a presentation to the Academy of various portraits. The portraits are seventeen in number and are exceedingly valuable from both a scientific and a monetary standpoint. In making the presentation the President gave the following data:

Galen (131-201 A.D.). The greatest Greek physician after Hippocrates. He was the founder of experimental medicine. He was an architect's son and was born in Pergamus. He was of a very restless nature and travelled much, and settled for some time in Rome, where he became the leader in the profession. He was a versatile and widely read man, rather than a genius like Hippocrates. He introduced the custom of giving mixtures containing many ingredients, or an elaborate system of polypharmacy. This remains with us under the name "Galenical." His theory of disease combined the Hippocratic humoral theory, the Pythagorean theory of the four elements, and his own theory of a spirit or pneuma penetrating all parts. He was the most voluminous of all the ancient writers. He was responsible for three superstitions that long dominated medicine. The first was

the doctrine of vitalism, which held that the blood was endued with a natural spirit in the liver, vital spirit in the heart, and animal spirit in the brain. . . . The second was the notion that blood passed from the left to the right side of the heart through invisible pores in the septum. The third was that pus was the natural method of the healing of wounds, and this gave the foundation to the term, "healing by second intention." His theory of laudable pus and the use of setons, though combated by Modeville, Paracelsus and Pari, was not overthrown till the days of Lister.

Leonhard Fuchs (1501-1566) was born in Bavaria. He graduated at Ingolstadt in 1521, and in 1524 was licensed to practise. In 1526 he was appointed professor of medicine in Ingolstadt. In 1535 he was appointed to the chair of medicine in the University of Tubingen, a position which he held till his death in 1566. He was a distinguished botanist, and wrote a work on this subject called "*De Historia Stirpium Commentarii Insignes,*" which appeared in 1542.

He had much experience with the plague, known as "The English Sweating Disease." He translated some of the writings of Hippocrates and Galen, but in practice was a follower of the latter.

Sir Samuel Garth (1661-1719) was both a physician and a poet. He attended the University of Cambridge and graduated there as B.A. In 1676 he obtained his M.A. and became a member of the College of Physicians in 1691. In 1699 he wrote a mock heroic poem called "The Dispensary." He was the only doctor who was a member of the Kit-Kat Club. He was knighted in 1714 by George I. He was a famous Latin scholar. In his "Dispensary" the dispute between physicians and apothecaries reaches its height. He is reputed to have had a large practice.

Jean Astruc (1684-1766) was a noted French physician. He graduated from Montpelier in 1703. In 1710 he secured the chair in Anatomy in the University of Toulouse. In 1717 he was appointed professor of medicine in Paris. He published a treatise, "*De Morbis Venereis,*" in six volumes.

John Brown (1735-1788) was one of a long line of Browns that are famous in Edinburgh history. He was a quarrelsome fellow, and fell out with his colleagues, and especially with the

gentle William Cullen, Professor of Medicine, who had done so much to promote Brown. Allbutt speaks of him as "the disputatious Brown." In 1780 he published his "*Elementa Medicinae,*" in which he violently attacks the theories of others and advances his own. He became noted as the propounder of the Brunonian or Brownism theory of disease. In this he contended for the excitability of the tissues as against Haller's theory of their irritability. Broussais took up Brown's theory and modified it. According to Brown, strong stimulation caused sthenic diseases, and weak stimulation asthenic conditions.

Wm. Mudge (1721-1793) was the son of Rev. Zachariah Mudge and was born in Bideford, Devonshire. He was a very successful practitioner, due to his skill and pleasing manner. In 1777 he published a treatise on the "Inoculated Smallpox," showing the inoculated form of the disease was milder than when contracted in the usual way. He was made a Fellow of the Royal Society and won the Copley Medal for his investigations on telescopic lenses, securing perfect parabolic curves, and thus bringing Sir Isaac Newton's work to completion. He published a method of curing catarrhal coughs by an inhaler. He practised in Plymouth. In 1784, King's College, Aberdeen, conferred on him the degree of M.D. *honoris causa.* On one occasion Sir Joshua Reynolds and Dr. Samuel Johnson were his guests, and the picture now presented is from the painting by Reynolds. He is spoken of in Boswell's "Life of Johnson" as "the famous physician."

Joseph Black (1728-1799). Dr. Joseph Black was an eminent chemist and held the chair of chemistry for many years in the University of Edinburgh. His original researches on specific heat and the capacity for heat, and his subtle investigations on latent heat, made him famous and laid the foundation for a genuine system of physical chemistry. He proved that quickened lime gave off a gas which was the same as that given off from the lungs in expiration. A step further and he would have discovered the physiology of respiration. His treatise on the acid humor arising from food is a classic, and shows what a keen insight he had into the many problems of metabolism.

William Buchan (1729-1805) was a noted Edinburgh character. Some of us, whose memories go back for several decades,

may be able to recall seeing a portly volume occupying a conspicuous place in the homes of those days, which was called "Domestic Medicine." It is interesting to look upon the face of the author of what was, for that period, so much sound advice. His book was an honest effort to lay before the people useful information.

John Christian Reid (1759-1813) is known to all by a part of the brain bearing his name, namely, the Island of Reid. In 1787 he became professor of medicine in the University of Halle. In 1810 he was appointed to a similar position in the University of Berlin. In 1796 he started the *Archiv fur die Physiologie.* This publication continued till 1815 and ultimately became the famous "*Müller's Archiv.*" He wrote a book called "Rhapsodies on the Psychic Treatment of Insanity," which appeared in 1803.

Sir Henry Halford (1766-1844) was the son of Dr. James Halford. Sir Henry's brothers were all distinguished men. One was a Judge of Common Pleas, one was Dean of Chester, one was British envoy to the United States, and another was Master of the Temple. Sir Henry graduated from Oxford as B.A. in 1788 and M.D. in 1791. He studied for some time in Edinburgh. On locating in London his genial manners soon made for him many friends. He became physician to Middlesex Hospital in 1793, and Fellow of the Royal College of Physicians in 1794. George III. made him his physician and knighted him. He was also physician in turn to George IV., William IV. and Victoria. He was for many years at the head of the London medical profession and was President of the Royal College of Physicians from 1820 till his death in 1844. He gave lectures or published articles on Climacteric Diseases, Tic Douloureux, Gout, Sheakespeare's Test of Insanity, the deaths of some illustrious persons of antiquity, the influence of some diseases of the body on the mind. When the coffin of Charles I. was opened in 1813 he was present and wrote a minute account of what he saw. His orations before the College of Physicians ran through several editions. A number of royal favors and honors were bestowed upon him.

Benjamin Travers (1783-1858) was a London notable and one of Sir Astley Cooper's pupils, and assisted Cooper in bringing

out the valuable surgical essays of 1818, to which he contributed his interesting paper on diseases of the veins. In 1809 he successfully ligated the common carotid artery for an aneurism of the orbit. He was a follower of Broussai, who taught that constitutional irritation was a cause of disease. In 1820 he published his work on disease of the eye, the best that had appeared up to that date.

Benjamin Collins Brodie (1783-1862). Sir B. C. Brodie led the profession in London for forty years. He was the son of a Wiltshire clergyman, who was a Jacobite refugee from Scotland. He was assistant and then full surgeon to St. George's Hospital from 1808 to 1840. In his early professional career he conducted some important physiological researches, for which he received the Copley Medal. In 1819 he published his great work on "The Pathology and Surgery of Diseases of the Joints." He was a pioneer in subcutaneous surgery. He held firmly to the view that the main duty of a surgeon was to save limbs, not remove them. He was adored by students and patients. He was president for a time of the Royal College of Surgeons.

Michael Faraday (1791-1867) is noted as a great chemist and physicist. He made very many important discoveries in heat, light and electricity, which bear closely upon medical science and progress. From him we have the term "Faradaism." He was the son of a very poor smith, and at the age of 13 entered the employ of a bookbinder and stationer. While in this position, through the kindness of a friend he was given three tickets to lectures that were to be delivered by Sir Humphrey Davey. He took notes of these lectures and sent them to Sir Humphrey. Shortly afterwards Sir Humphrey sent for him and made him his assistant. Faraday was of slight and frail physique, but endowed with tremendous energy, and no skull ever contained a more active brain. In all his walk and conversation he was a perfect gentleman.

James Wardrop (1782-1869) was an Edinburgh Scot and graduated from the University of his native city. He settled in London in 1809. In 1808 he wrote his famous "Essay on the Morbid Anatomy of the Eye." He adopted the method of treating aneurisms that had been suggested by Brasdor in the eighteenth century, by tying the artery on the distal side of the

tumor. In 1809 he performed this operation twice successfully on the carotid, and in 1827 he successfully ligated the sub-clavian for aneurism of the innominate.

Benjamin Ward Richardson (1828-1896) is worthy to find a place among any collection of noted physicians. He was not as a voice crying in the wilderness; but a true force and reformer in the great field of preventive medicine. For this work he was knighted in 1890. Among his writings may be mentioned "The Disciples of Esculapius," "Preventive Medicine," and "The Asclopiad," which he issued from 1885-95. His writings have a special verve which carries the truths they contain home. To those who knew him in life it will be a genuine pleasure to look upon his face again.

The Alchemist is a beautiful old engraving. Connoisseurs tell us that this picture is now very rare. It was engraved by Baillie after the famous painting by Teniers. Just note the intense eagerness of the Alchemist as he works in his primitive laboratory in search of "The Elixir of Life" or some method of turning one of the common metals into gold. As we view the steadfast face we recall the words of Omar Khayyam:

> "The Sovereign Alchemist that in a trice
> Life's leaden metal into gold transmutes."

The costume of the physician in Holland of the date of 1640 is interesting. Truly it may be said, *tempora mutantur et nos mutamur in illis.* If we could only induce our lecturers to appear in such a dress we would be sure of a full house. The great poet tells us:

> "Costly thy habit as thy purse can buy,
> But not expressed in fancy; rich, not gaudy;
> For the apparel oft proclaims the man."

The thanks of the Academy are certainly due to the President for this renewed kindness, and we trust that his example will be followed in future years by his successors in office. The subject of Dr. Crile's address was "Certain Borderline Problems." His address was listened to with the keenest interest, and was discussed by Drs. G. A. Bingham, S. M. Hay, H. B.

Anderson and O. R. Mabee. Dr. Bingham chose as the title for his part in the discussion, "Cholecystectomy vs. Cholecystotomy." Dr. Hay and Dr. Anderson followed, speaking on "The Treatment of Gastric and Duodenal Ulcers," and Dr. Mabee took up the "Relationship of the Thyroid to Exophthalmic Goitre."

At the meeting Dr. N. A. Powell presented the following resolution:

"In the passing of Dr. Walter B. Geikie, Canada loses an outstanding figure in the history of the development of medical education.

"Born in 1830, and teaching well into the present century, it was given him to see, at its inception, every important forward movement in modern medicine. He was one of that great group of teachers who filled the era between the time when a medical education was picked up in the office of a preceptor and the present time—the era of vast laboratories and highly specialized instruction.

"Of such were Rolph and Aikins and Richardson—men of whom any country and any age might well be proud. They took raw country lads, communicated to them something of their own enthusiasm and made of them the physicians who have served our country so well for the last half-century.

"Dr. Geikie in a rare degree won the confidence and retained the esteem of his students and of his co-workers. That one of convictions strong as were his and of long experience could not become reconciled to the changing order in medical education is a matter for little wonder. Those of us who were most closely associated with him were well content to drop minor differences and to recall only our long years of friendship.

"One year ago Dr. Geikie wrote me of what Christmas meant to him—the commemoration of an event the tremendous importance of which no man could estimate.

"When the Arch Fear approached, he might well have said,

> 'I was ever a fighter, so—one fight more,
> The best and the last!
> I would hate that death bandaged my
> Eyes, and forbore,
> And bade me creep past.'

"But it was not simply upon human courage that, in the closing hours, he had to depend. He knew in whom he had believed and was sustained by an unshaken trust in that Saviour whom so long and so faithfully he had endeavored to serve.

"I beg to move that the sincerest sympathy of this Academy be extended to the members of his family."

Dr. Bingham seconded this motion, and it was carried unanimously by a standing vote.

The usual Section Meetings were held on February 12th, 13th, 20th, 22nd and 27th.

The Section of Ophthalmology and Oto-Laryngology met in the Lecture Room of Toronto General Hospital on February 12th, at four o'clock, when a number of interesting cases were presented. An additional meeting was held in the Academy Building at 8.30 the same evening, the visitor present being Dr. Lee M. Francis, of Buffalo, whom Vice-President Dr. D. J. G. Wishart entertained at dinner at the York Club, along with a number of the Fellows of the Academy.

Those who took part in the programme of the Section of Medicine on February 13th were: Drs. E. J. Trow, Goldwin Howland, J. H. Elliott, G. W. Ross and J. G. Fitzgerald.

The programme of the Section of Surgery was composed of various papers read by Drs. E. E. King, Samuel Johnston and Capt. D. E. Robertson. Dr. Robertson gave a very interesting talk on "Some Surgical Experiences at the Front."

The meeting of the Section of State Medicine was devoted to a discussion of the film-play, "Damaged Goods," when a resolution was formulated and sent on to the Council of the Academy of Medicine, to be dealt with at its next regular meeting.

THE ONTARIO ASSOCIATION FOR THE CARE OF THE FEEBLE-MINDED

This Association was convened at the City Hall, Toronto, on February 1st, and the attendance was very gratifying. The meeting was under the chairmanship of the President, Col. Farewell, County Crown Attorney of Whitby. The Secretary of the

Association, Dr. C. M. Hincks, reported to the Association that of fourteen letters sent out to the mayors of municipalities asking their co-operation in the providing of institutions for the care of the feeble-minded, but one reply was received, which came from Fort William, and, unfortunately, that corporation did not see its way clear to take up the matter at the present time. Col. Farewell declared that the great powers are engaged in this terrible struggle brought about by one paranoic. As compared with the yellow peril and other perils, the Canadian people are confronted with this greatest of all perils, and this will never disappear until prompt measures are taken to prevent the marrying of feeble-minded persons.

Mr. P. H. Wells, of Hamilton, declared that what the people are up against is the general apathy on the part of Canadians as a whole.

Dr. T. J. Page, Chief Medical Officer of the Port of Quebec, said that the Association was not equipped at any of the Canadian ports to begin the work. He said that a large percentage of the feeble-minded entering Canada came from the British Isles, and things would never be satisfactory until there was some inspection on the other side of the water. He said that after the Hon. Dr. Roche arranged with him to visit some of the feeble-minded schools in the States and after he had made recommendations to the Department as to his observations, the engagement of a sociologist was permitted to assist the official inspectors in charge of the work, since which time they have been able to detect two defectives in every thousand, while statistics showed that previously only five in every hundred thousand were rejected on account of being feeble-minded.

The officers elected for the year were: Honorary President, Dr. P. H. Bryce; President, Dr. F. J. Conboy; Secretary-Treasurer, Dr. C. M. Hincks.

The Ontario Health Officers' Association will meet in Toronto on Tuesday and Wednesday, 29th and 30th of May, 1917.

Militia and Naval Medical Services and Ambulance

SURGEON-GENERAL JONES PROMOTED

It was recently announced, though not officially, that Surgeon-General Jones would shortly relinquish his position as Director of the Medical Services in London to become Canadian Medical Commissioner between Canada, Britain and France. He is coming to Canada almost at once, and after remaining here for two months, he will return to London to carry out his inspection work. He is to be succeeded by the next permanent officer in order of seniority, Col. Foster, now Canadian Deputy in France. Col. Foster before the war was Assistant Director of Medical Services in Toronto Military District and went overseas with the First Contingent as Assistant Director of Medical Services.

CAPT. MILLAN IS HONORED

Another Toronto officer, Capt. Kenneth E. Millan, son of Mr. and Mrs. C. J. Millan, 37a St. Vincent Street, formerly of Kingston, has been officially honored. On New Year's Day he received the Military Cross for distinguished services on the field. Capt. Millan is a 1915 graduate, in medicine, of Queen's University, Kingston. He went overseas to enter the Duchess of Connaught Hospital; took his military course in Ireland, and went to France with the R.A.M.C. a year and a half ago.

CITY OFFICIAL DONS KHAKI

Dr. Fred Adams, Epidemiologist in the City's Medical Health Laboratories, has taken out a commission in the Canadian Army Medical Corps and received orders to report for duty on the first of February. Dr. Adams was head of this division of the Public Health Department during the absence of Dr. G. G. Nasmith in France.

CAPT. DONALD T. FRASER ARRIVED AFTER FATHER'S DEATH

Capt. Donald T. Fraser, M.D., of the R.A.M.C., arrived in Toronto on Jan. 8th on leave from France. He was at his home, "Highfields," York Mills, for a fortnight. Capt. Fraser returned hoping to be with his father, the late Prof. Fraser, Toronto University, in his last illness, but was unable to reach home in time. Capt. Fraser went overseas in March, 1915, and after a few months in Egypt was transferred to France, where he has since been on Active Service.

DEATH OF COL. (DR.) RODERICK CAMPBELL McLEOD

Word was received in Toronto on January 30th that Col. (Dr.) Roderick Campbell McLeod, of the Canadian Army Medical Corps, had died at Bramshott Camp after but a short illness. It would appear as if Dr. McLeod met his death from septic infection. Dr. McLeod was a Nova Scotian and gave up his practice in Cape Breton Island in the Autumn of 1916, offering his services to go overseas. He was assigned to the command of the unit offered by the University of St. Francis Xavier of Nova Scotia.

DEATH OF COLONEL C. W. GORRELL

A painful sensation was caused among the Canadian forces on January 24th, when Col. C. W. Gorrell, formerly Commandant of the Canadian Red Cross Hospital at Taplow Hospital, was found dead in his lodging at Maida Vale. Gorrell, since the recent investigations into Taplow Hospital administration, had been living, more or less, in seclusion as a civilian in London.

Charles Wilson Farran Gorrell was born at Farran's Point in 1871. He attended McGill University (M.D., C.M., 1894). From 1886-9 he was assistant private secretary to the late Hon. C. F. Fraser, Ontario Minister of Public Works: in 1894 he be-

came first assistant in Montreal General Hospital, and in 1895 Medical Superintendent of the Garrett Hospital at Baltimore. Later he joined the staff of St. Luke's Hospital, Ottawa. He studied for the military profession at schools in London, Toronto and St. John's, Que., and in 1888 enlisted as a private in the 41st Regiment, becoming Lieutenant in the 42nd the next year, and finally became Major in command of No. 2 Bearer Co., A.M.C. He was promoted to Lieutenant-Colonel in 1906, and in 1907 was appointed P.M.O. for Ottawa Military District. The first investigation into his administration at Taplow Hospital resulted in a sentence on a non-commissioned officer for taking bribes from tradesmen, but the accused and the court both exonerated Gorrell.

Capt. Chas. Stuart Wynne, R.A.M.C., who before enlisting was a member of the interne staff at the Toronto General Hospital, is home on leave. Capt. Wynne has been on the Somme front as Regimental Surgeon to a British regiment and has won distinction for bravery and devotion to the wounded under fire, receiving the Military Cross in recognition.

Lieut.Col. Bryce McMurrich, who has been with the C. E. F. since the beginning of the war, is in town on leave.

News has been received at the University of Toronto of the promotion of several former students and graduates who went overseas as members of No. 5 Field Ambulance.

It was recently reported that Lt.-Col. J. A. Roberts, Commanding Officer of No. 4 General Hospital (University of Toronto Unit), at Saloniki, would be appointed Commandant of the Duchess of Connaught's Canadian Hospital at Taplow.

Lt.-Col. George D. Farmer, of Ancaster, who went overseas with the rank of major in the Field Ambulance, has been promoted to be officer commanding No. 2 Stationary Hospital. He received the degree of M.D., C.M. in 1891 from the University of Toronto.

Col. (Dr.) F. W. Marlow formally resigned his position as Director of Medical Services in this Military District on February 7th. It is understood that Col. Marlow made a special report on the Medical Services in Canada several months ago and that he has reason to be dissatisfied with the way in which the Dominion Government are handling the question of returned disabled soldiers. At the date of going to press Col. Marlow's resignation had not been formally accepted.

As a result of a letter from Colonel Birkett, C.B., stating there was room at the front for all the McGill medical men who could be sent, the Fifth Year Class in Medicine volunteered as a unit. There are 53 in the class.

It is understood that Col. Herbert Bruce, late Inspector-General, Canadian Medical Service, has been offered and has accepted the position of Consulting Surgeon with the British Forces in France, under the War Office. Col. Bruce spent February in Toronto, but returns to duty at once. The Colonel was given a banquet by his friends in the Profession in Toronto on February 14th at the King Edward Hotel.

Dr. J. B. Brown, whose home is at 131 Oakwood Ave., Toronto, returned the middle of January from Mesopotamia. Dr. Brown has certainly had some very unique experiences, both at Saloniki and in Mesopotamia. In the latter country he endured a temperature of 150 degrees and lived for months upon canned food, being afraid to buy even vegetables from the Turks for fear of contracting cholera. It is expected that Dr. Brown will remain on furlough for some weeks.

Capt. (Dr.) R. J. Wilson, who has for the past year or more been on the Staff of the Ontario Base Hospital at Orpington, Kent, England, returned to Toronto on sick leave on January 27th. Capt. Wilson was laid up in one of the London hospitals for some weeks suffering from a pharyngeal abscess, and it was decided that he would recuperate more rapidly by a sea voyage. Capt. Wilson spent the month of February with relatives, and expects to return to duty at Orpington about March 1st.

News of the Month

DOCTORS WAIT UPON COMMISSION OF CONSERVATION

"When it is learned that more than 12 per cent. of the patients admitted to the public wards of Toronto General Hospital for various diseases, medical and surgical, have syphilis, it will be realized that we are dealing with an acute situation, as the facts which apply to that institution are merely an index of the prevalence of syphilis in the community."

Such was the startling statement made by Dr. C. K. Clarke, Professor of Psychiatry, University of Toronto, and Superintendent of Toronto General Hospital, who headed the deputation of doctors who waited upon the Conservation Commission of Canada at Ottawa on January 17th.

"The menace to the health of the nation is perhaps greater than that of tuberculosis," continued Dean Clarke, "as the problem is so much more difficult to deal with, and the subtle manifestations of the malady are so much more involved and obscure, as well as not so easy to treat. If registration of the tuberculous is desirable, then the same argument is doubly applicable in the regulation of syphilis.

"It is a case of where a spade should be called a spade without the least hesitation. No false sentiment, no desire to shirk our manifest responsibility should be encouraged. In tuberculosis it is possible to control infection. In syphilis it is extremely difficult to do so for reasons that are self-evident. One of these reasons is that prostitutes are the source from which the greater part of the infections come—carefully compiled statistics showing that 75 per cent. are traceable to the women of the street. As 60 per cent. of all prostitutes are feeble-minded, a serious situation at once faces us in Canada, as very little intelligent provision has been made for the care of this class.

"To show how this works it may be said that in our clinic a few weeks ago we had under observation at one time a feeble-

minded girl and five men she had recently infected with syphilis."

Dr. C. H. Hair, C.M., Chief of the Special Treatment Clinic at Toronto General Hospital, stated that of 871 blood tests or Bordet-Wassermann tests made at the hospital 344 were positive —40 per cent. The number of intravenous treatments given was 1.595 to 298 patients. "Our records show," said he, "that 34 per cent. are married males and 31 per cent. married females, or 65 per cent. married, representing 30 families. In these families the loss of child life has been dreadful. In three families the fathers have died in the asylum and some of their children are infected."

Dr. William Goldie, Associate Professor of Clinical Medicine, University of Toronto, asserted that Dominion control is necessary for the reasons that immigration laws are made and enforced by the Dominion and the Dominion Government has sole control of the militia and the returning soldiers. He dwelt at length on the principles of control.

The essential features of any measure for control, he said, should include the following:

1.—Non-public registration.

2.—Public registration and isolation of recalcitrants.

3.—Free treatment for all who apply for it.

4.—Free tests.

5.—Supervision of mental deficients.

6.—The administration of the plan by a Dominion body through the Provincial Board of Health.

Prof. J. J. Mackenzie, of the University of Toronto; H. K. Detweiler, M.B.; B. P. Watson, M.D., F.R.C.S., Edinburgh, and others, also addressed the Commission.

PROVINCIAL SUPPLY OF ANTITOXIN

The Provincial Board of Health for Ontario will at the end of the present month complete a year's contract for the supply of diphtheria antitoxin, tetanus antitoxin, anti-meningitis serum, smallpox vaccine and Pasteur preventive treatment for rabies. These as well as mixed typhoid and paratyphoid vaccine are sup-

plied free to the public all over the province. Diphtheria antitoxin costs the board 15 cents per 1,000 units, in vials, tetanus antitoxin 30 cents per 1,000 units, in vials, anti-meningitis serum $1.00 per 20 c.c's., smallpox vaccine 4 cents per capillary tube and Pasteur treatment $15.00 per person treated. Mixed typhoid and paratyphoid vaccine is prepared and supplied free by the Board's Laboratory in Toronto. The aggregate cost of supplying the province for the year is about $40,000, or about one-quarter of the cost under commercial prices. All these products except typhoid vaccine are obtained from the University of Toronto and are prepared at the Connaught antitoxin laboratories about 12 miles outside of the city. Needless to say the enterprise of the board is the subject of many appreciative remarks by the public and the medical profession.

THE WORKMEN'S COMPENSATION BILL

A LARGE deputation waited a few weeks ago upon the Ontario Cabinet in reference to the proposed changes in the Workmen's Compensation Bill.

The following comprises the offer made by the Manufacturers' Association in reference to the payment of medical fees:

"The manufacturers, with certain provisoes, will undertake the responsibility of providing medical attention. They would take the responsibilities into their own hands, subject, of course, to the approval of the Workmen's Compensation Board or any other Government authority that might be appointed. The board or authority would have the right to see that the medical attention supplied by the manufacturers was of a sufficient and satisfactory kind. The manufacturers consider it would be fair to make the limit of expenses $50, and confine the time for this medical attention to thirty days. We ask that the Ontario Act be placed on a par with the legislation in many of the States of the Union, and we ask that there be an absolute waiting period of fourteen days. That means, of course, that compensation would not begin until fourteen days after the accident."

Mr. Fred Bancroft, in presenting the case for Labor, said in substance as follows:

"In the report for 1915 of the Workmen's Compensation Board it is shown that the average wage of those who came under the Act for attention was $13.27. Fifty-five per cent. of that for two weeks is $14.58. There were 9,829 cases dealt with by the board. Take two weeks' compensation from 9,829 people at an average of $14.58, and it will be seen, on account of the absolute waiting period of fourteen days which is suggested, that the Canadian Manufacturers' Association propose to lop off $143,000 so far as compensation is concerned. The proposal of the Canadian manufacturers—and it may be sincere—cannot be considered fair to the workers of the Province, and is taking the very vitals out of the Act. And, more than that, when arrangements were being made for bringing in the legislation to the House we only consented, so far as the workmen are concerned, to relinquish our employers' liability rights on the distinct understanding that the whole administration should be vested in a Crown Commission, and if any attempt is made to take it out of the hands of the Crown Commission we will have to reconsider our whole attitude to this legislation."

On behalf of the doctors, Dr. E. E. King very wisely stated that each case should be dealt with through the board. His view was that the doctors should send bills to the board and that these should be paid through them.

The Premier, in summing up the situation, said that, after having heard the different sides to the question, the Government would have to do the best they could.

We now await the result with the keenest of interest and earnestly trust that the Government will promptly remove the injustice done to the medical profession when the original bill was passed.

Reed & Carnrick, Jersey City, N.J., recently published a booklet of more than ordinary interest. It is entitled "*Palatability—Its Relation to Therapeutic Efficiency.*" The booklet is devoted to a consideration of Trophonine from a therapeutic standpoint, and is of considerable merit. We would suggest that our readers drop a post card to the firm, requesting that a copy be sent them, in case, for any reason, they have been overlooked. It is exceedingly well illustrated, the color printing being unusually good, the whole thing being a credit to the firm.

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Editorials

VENEREAL DISEASES

SOME weeks ago several members of the profession in Toronto presented to the Commission of Conservation, at Ottawa, a formidable array of facts indicating the prevalence of venereal disease in Toronto, and asked the assistance of the Commission in procuring legislation to deal with the subject throughout Canada. The members of the committee were advised to have a bill prepared, and for this purpose engaged Mr. Z. A. Lash, K.C. It was then learned that the difficulties in the way of securing such legislation were very great, as all matters of Public Health are, by the Constitution (British North America Act) left to the jurisdiction of the several Provinces of Canada. The matter was then taken up with the Provincial Board of Health for Ontario, whose energies had for some time been directed towards securing a substitute for Salvar-

san, which could be distributed at a low price, following the line of action adopted by the Board in reference to Antitoxin and other Biological products. This question has been solved, and the Board will, unless satisfactory arrangements can be made with the manufacturers of these products, begin the preparation of a Salvarsan substitute at an early date. The question of Notification of these affections was broached; but the Board, being rather averse to the idea, asked that the whole question be placed before the Profession of Toronto, with a view to securing their opinion as to how the subject had better be dealt with. It was pointed out that Toronto was but part of the Province. This was admitted, but it was felt that, if any advance were to be made during the present Session of the Legislature, there was not time to consult the whole of the profession in Ontario, and that the expression of opinion of the profession throughout the Province would be limited, so many having gone Overseas.

The result was that, upon request, the President of the Academy called a meeting of the Executive Council, at which a committee was appointed to prepare a set of resolutions for a special meeting of the Academy, held on Friday, March 9th.

The resolutions referred to were duly presented, and after careful discussion and some minor alterations, were adopted without a dissenting voice.

There can be no question, even on the part of our teaching bodies, that the Medical Faculties of the different Canadian Universities have utterly

neglected to give adequate instruction on Venereal Disease. It is time, therefore, that they realize this and take steps to give a special series of clinics during the final year. A suggestion has been made that the Universities and Medical Colleges throw open these clinics to the Medical Profession at large. We heartily endorse this, as it has to be admitted that there is quite a percentage of present-day practitioners who do not know, as they should know, how to treat these diseases and effect a permanent cure, too many being under the impression that it is only the active stage of gonorrhoea that is infective. Not only should the student of medicine be so instructed, but the general student bodies as well. Why should not all General Hospitals receiving Government aid either provide or arrange for the diagnosis and treatment of Venereal Disease? Most certainly, those institutions not having the necessary equipment sending their smears to the nearest one that is properly provided.

We further warmly approve of the suggestion that any person, other than a legally qualified medical practitioner, who treats, or offers to treat venereal disease, or who sells, advertises to sell, or offers for sale any remedy for the cure or treatment of syphilis or gonorrhoea, should be heavily punished, as it is through such charlatans that the community is made to suffer.

We feel that no more important subject than this has been discussed during the current academy year, and we urge the Ontario Legislature to act

promptly. To think that, within a few months, perhaps, nearly four hundred thousand Canadian soldiers will be returning to Canada to re-enter civil life, a large number of whom are already infected, is surely worthy of the most careful attention on the part of our legislators. We don't for a moment hesitate to say that any Government which neglects such an opportunity of not only saving the lives of future generations, but of avoiding untold physical and mental suffering, is criminally remiss in its duty.

ALL RETURNED SOLDIERS NOW UNDER THE CARE OF THE CANADIAN ARMY MEDICAL CORPS

It was with considerable satisfaction that we learned recently that the medical care of returned invalid soldiers was transferred from the Military Hospitals Commission to the Canadian Army Medical Corps. It is proposed that the returned soldiers be placed under a Director of Medical Services for Invalids. Up to the date of going to press it had not been officially announced as to who will occupy that post. The officer to be selected will have full responsibility in dealing with and administering the Medical and Surgical work in connection with returned soldiers, and his activities will be directed from the Military Headquarters Staff. It will be his duty to strengthen the personnel of the C.A.M.C. sufficiently to meet all the necessities of the case by enlisting medical men

of experience who are willing to volunteer for this service. The name of General John T. Fotheringham, C.M.G., has been unofficially mentioned as the new appointee. If appointed, Gen. Fotheringham will be brought back from England to take complete control. The Military Hospitals Commission has announced that a scheme was under consideration which would insure complete co-ordination. It would be most unfortunate if the two units could not work hand in hand. At the time of writing, the resignation of Col. Marlow had not as yet been accepted. It is stated that he has applied for an Overseas post.

AMENDMENT TO THE WORKMEN'S COMPENSATION ACT

JUST as this issue goes to press we learn, with the greatest interest, that the Ontario Legislature has consented to an amendment to the Workmen's Compensation Act, whereby provision is made for "First Aid" to injured workmen, the time limit being thirty days. No specific amount of aid is fixed, but it will be paid out of the accident fund. The Government are to be congratulated upon their decision, as it is only right and proper that members of the Medical Profession should receive adequate compensation for their attendance upon such cases, particularly in view of the injustice done them when the bill was originally passed. We may take the opportunity of commenting further upon this matter in a later issue.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Original Contributions

CERTAIN DISEASES OF THE SKIN IN REGARD TO THE PUBLIC HEALTH *

BY D. KING SMITH, M.D., COLONEL A. M. C.

The diseases of the skin which are closely associated with the general health of the public are those which may be transmitted from person to person and which may be contracted from the lower animals.

These diseases may be classified according to their cause. By following such a classification it simplifies their clinical study and also gives us a general outline of the proper treatment to follow. Roughly the diseases may be divided into those caused by animal parasites, by fungi and by bacteria.

The most important of the animal parasites are the pediculi. According to the regions which they infest they are divided into pediculi capitis, corporis and pubis. The condition produced being termed pediculosis.

Pediculosis capitis is by far the commonest. It occurs chiefly in children and especially in those of the poorer classes, or when many are gathered together in schools and public institutions.

An inflammatory condition of the back of the neck, with a purulent exudate, in children should always suggest the possibility of pediculosis capitis. On close examination of the hair the pediculi or nits are readily found.

Pediculosis of the body is very common in those housed poorly and where bathing of the body and frequent change of underclothing cannot be had. It is only rarely that the pediculi can be found on the body, their habitat being the seams of the

*Read before the Public Health Nurses' Association.

underclothing, especially around the collar-band. On the body they produce small hemorrhagic points. All of the other lesions are produced by the patient rubbing and scratching the parts to relieve the irritation. When the upper part of the body, as shoulders, back and chest, present well-marked evidence of scratching, suspect pediculosis and then examine closely the underclothing, when in a large percentage of cases the pediculi may be found.

The next variety, the pubis, as the name implies, inhabits chiefly the pubic region, but it must never be forgotten that they may attack the axillæ and even the body.

Pediculi cause great discomfort to their victims and in many cases even suffering. Pediculosis is a preventable disease if thorough cleanliness could be carried out, but on account of the necessity of overcrowding and poverty, it seems an impossibility to prevent this condition. Complete sterilization of the underclothes and bedclothes would go a long way to stamp out this disease. The next disease of importance is scabies or the itch. This is quite common and very often overlooked. It is caused by the acarus scabeii, which burrows into the skin. The wandering of the acarus in the skin produce great irritation or itchiness. On account of the irritation the patient scratches the parts, very often producing secondary infection by pus organisms. In children the condition may be readily mistaken for a pus infection. The sites of predilection for the acarus are between the fingers, wrists, thighs and sides of breast. The irritation is worse at night. When two or more persons of a family are suffering from a disease of the skin, with the irritation worse at night, the probability is that the condition is scabies. Scabies is in the majority of cases acquired by direct contact, or by a person occupying a bed which has been previously used by an infested person.

This disease responds well to treatment, especially when local sulphur applications are used. Unless the underclothes are thoroughly disinfected there is great danger of reinfection. Pockets of clothes should be turned inside out and well ironed, old gloves should be discarded. If every person admitted to public institutions was given a sulphur bath and the clothes disinfected there would be little danger of an outbreak.

Other animal parasites such as the bedbug, flea, louse, etc., are of minor importance and are only mentioned so that they can be kept in mind as producing irritation of the skin.

Diseases due to fungi are of great importance and must always be thought of, as many of the diseases which they produce are most serious. The most common disease of this class is ring-worm. All ring-worms are not due to the same fungus. In recent years many investigations have been carried out in the cultivation and study of the various fungi. It is now generally recognized that there are numerous fungi, differing greatly in their cultivation and microscopic appearances, which cause ring-worm.

Some of the ring-worm fungi are peculiar to the human being, while others may infest both human beings and certain of the lower animals. The commonest type of ring-worm is that met with in the scalp of children. The fungus causing this condition is believed to be confined to the human being, although a very similar fungus has been demonstrated in some of the smaller domesticated animals, chiefly the cat. The fungus attacks the hair, and invades the hair to its root, the hair becomes lusterless and easily breaks off. The reason for the resistance of this disease to ordinary treatment is explained by the fact that the fungus is so deeply seated that it cannot be reached by ointments and lotions.

At the age of fifteen or sixteen the scalp acquires, in a large percentage of cases, an immunity to this special fungus. This variety of ring-worm is no doubt contracted in the vast majority of cases by direct contact, or by the exchange of caps, which is so frequently done by children, in playing their various games.

In many large centres children with ring-worm of the scalp are prevented from attending school, with the resulting loss of education. The loss of education to the children in Paris and other cities became so serious that ring-worm schools were established. The children were carefully watched and thoroughly treated, so that in the last few years the cases have greatly diminished.

The usual methods of treatment proved so unsatisfactory that now the X-ray treatment is adopted entirely. The X-rays cause the hair to fall out and the ring-worm is practically con-

verted into a condition very similar to that of the body. Then the usual applications are employed. In about three months a complete re-growth of hair has taken place.

Ring-worm of the face and body in children is most commonly caused by the same fungus as that of the scalp. In a certain number of cases, however, it is contracted from cats and dogs. In these cases the inflammatory reaction is, as a rule, more acute than in those cases contracted from child to child.

Ring-worm of the beard in man is, as a rule, due to fungus common to man and certain of the lower animals, especially the horse and cattle. This variety is, therefore, commonly found in those around horses and cattle, such as grooms and farmers. Also infection may spread through the barber shop, the fungus being conveyed through the razor and brushes.

It is only during the past few years that favus, a disease due to a fungus, has been found to any extent in Canada. Practically every case is observed in foreigners, especially Poles, Austrians and Russians. We have seen at the clinic for diseases of the skin, at the Toronto General Hospital, during the past five years, about thirty cases. Some of the chief features of favus are that it is found in foreigners, usually the scalp being the site of the lesions, there is loss of hair and the affected area is covered with yellowish crusts. In many cases there is a permanent loss of hair. The disease is very resistant to treatment. The most satisfactory results are obtained by the X-rays. A very common fungous disease is Tinea versicolor. The lesions are usually present on upper part of chest and back. The fungus produces a brownish discoloration. This condition is not serious, and is often overlooked.

The disease known as actinomycosis is most commonly found in cattle and is often called lump-jaw. It is caused by a fungus called the ray-fungus. This fungus may also infest man, producing a somewhat similar condition to that found in cattle. Man contracts the disease in quite a number of cases by chewing straw or grasses which are invaded by the fungus. The fungus becomes lodged in a carious tooth and sets up a severe inflammatory condition with great destruction of tissues. At times it may enter the skin through a wound.

A very serious disease due to a fungus is blastomycosis.

This disease is rarely seen in Canada, although a few cases have been reported.

The fungi of all the diseases mentioned may be demonstrated by the microscope and it is only by microscopic examination that a positive diagnosis can be made; in a certain percentage of the cases bacteria play a very important part in many diseases of the skin. In some diseases they are the primary cause, while in many others they cause secondary infection, which may disguise the true condition.

Most of the bacteria of interest to us belong to the class of pyogenic or pus-producing organisms. The commonest disease produced by pyogenic organisms is impetigo contagiosa. This disease is exceedingly common in children. In the majority of cases it is caused by infecting the face by scratching. It also may be contracted by a child coming in contact with an affected child. Again, it may spread through the use of towels, sponges and caps. In the adult it is very frequently contracted in the barber shop, through the use of a common razor or brush. If this disease is recognized as due to pyogenic organisms, and proper antiseptic treatment is carried out, as a rule the response to treatment is wonderful. Any purulent discharge from the nose or ear may set up a severe inflammation of the adjacent skin, and unless the nose and ear are treated the condition of the skin is kept up indefinitely.

Probably no disease of interest to the public health has been discussed oftener during the past few years than syphilis.

To-day, in many countries, commissions have been formed to study this disease in regard to the public health, and no doubt before long drastic regulations will be enforced so that this disease may be lessened. No community has been spared the presence of this disease, every country bears the burden in cost, both in money and in human lives, as the result of the existence of this malady.

Asylums for the insane and institutions for the blind are full of the victims of this disease. It is only by the education of the public that this disease can ever be stamped out. The danger of a syphilitic to the public must be realized. Syphilis is a general constitutional disease, many of its earliest manifestations appear on the skin and mucous membranes. These

lesions are often the first thing to attract the attention of the victim and to cause him to seek medical advice.

In this disease the mouth is the cite of ulcers and mucous patches. In these lesions reside the organism which causes the disease, so you can readily understand the great danger of infection by kissing or by the use of the common drinking cup, etc.

A subject of great importance to all is that of cancer.

Again, in this great scourge, education of the people will be our main resource to overcome this disease. The public must be educated to the fact that an early recognition of this condition is essential towards the successful treatment.

Surgical treatment, X-rays and radium have made the outcome more hopeful, for many cases, if treated early, may be cured. The early signs of external cancer are fairly well known.

Be suspicious of any external growth or of warts which suddenly begin to increase in size, of moles which become irritable, and of any excination which will not heal in a reasonable time by ordinary methods of treatment. All ulcers of the tongue in an adult should be looked upon with great suspicion and early medical advice sought.

There are a certain number of occupations which predispose or even cause an inflammation of the skin. Formerly these were classed as eczema, now they are termed trade or occupational dermatoses.

They are chiefly met with in dyers, furniture polishers, chocolate-dippers, furriers and workers in cement, lime and other irritating substances. Anthrax, a most serious disease, may sometimes be contracted by handling hides and wools. It is always of interest to ascertain the trade of a person suffering from a skin disease, as it may give a clue as to the cause.

The habit of taking so-called blood medicine is so common that it is well to remember that many of the so-called blood purifiers contain iodides which may cause extensive lesions of the skin. Bromides, which are the chief ingredients of the so-called "fit-cures," may also cause granulomatous formations in the skin which simulate very closely syphilis and some of the severer types of diseases due to fungi.

In discussing these diseases from a public health stand-

point, the chief object to be obtained is how to prevent them, and how to overcome them when once contracted. As each disease mentioned, with the exception of cancer, is known to be due to a definite or specific cause, and the method of contracting the disease is known, it follows that we can hope to control these diseases only through educating the public. The person having the disease must be taught the danger he is to the public; this is especially true in syphilis. Again the knowledge that certain diseases may be contracted from the lower animals, such as ring-worm, should be brought to the attention of the public. Again, we must realize the danger of the common towel and drinking cup, for serious diseases may be spread by these.

The danger of spreading parasitic diseases through the barber shop is happily recognized. By a complete sterilization of razors, brushes, and by the introduction of the individual towel, the dangers of infection from this source have been greatly reduced.

To overcome the diseases when contracted, it is necessary to have well-equipped institutions to treat the cases in. Toronto is fortunate in having several hospitals splendidly equipped, so that patients can be well looked after. In instructing those who cannot afford private medical advice, to attend the out-patient departments of the hospitals, great benefit would result.

In conclusion, I would like to state that I feel great credit must be given to our Public School system of inspection, in their endeavor to control many of these diseases. The health department of Toronto is also doing a great service to the citizens in calling their attention to many diseases, which, with the co-operation of the citizens, can be greatly lessened or practically exterminated.

Militia and Naval Medical Services and Ambulance

DOCTORS RECENTLY TAKEN ON STRENGTH OF A.M.C. TRAINING DEPOT No. 2

Harold Clarke, Grimsby, Ont.; William Harold T. Baillie, U. of T., Biology Dept.; Gilbert Pryor Parker, recently with Dr. Treble, cor. Palmerston Blvd. and College St.; Howard Black, Assistant Supt. T.G.H.; W. J. McLean, Everett, Ont.; S. R. McGregor, Torontonian, recently of New York, taking post-graduate work; John MacLeod Baldwin, Toronto, Ont.; Calvin Alfred Ames, recently with Sir Wilfrid Grenfell, Nfld.; H. A. Abraham, recently with Sir Wilfrid Grenfell, Nfld.; Roy John Hardstaff, Cas. Hospital, Washington, Harper Hospital, Detroit, M.B. U. of T.; Neville Hall Little, Trenton, Ont.; James Ross Rehill, General Hospital, Toronto, Ont.; Aubrey Vernon Greaves, Toronto, Ont.; James Bernard Hanley, Midland, Ont.; George Walter McNeil, Owen Sound, Ont.; Ernest Fulton Risdon, Toronto, Ont.; George Herbert Stobie, London, Ont.; Frank L. Letts, who has returned after a year in Serbia.

The undermentioned are recent graduates of the University of Toronto: Daniel Erwin Davis, Harold Alexander Mitchell, Beaumont S. Cornell, Frederick W. W. Hipwell, Frank H. Boone, William Easson Brown, Fred. S. Parney, Charles E. Thompson, Charles D. Farquharson, Hector C. McAlister, Frederick G. Banting, Newton D. Thomas, Wilmot E. L. Sparks, Joseph E. Gilchrist, Albert Montgomery, Douglas G. Findlay, Thomas E. White, Hugh A. Elliott, Gordon M. Dobbin, James F. Adams, Charles E. Frain, George R. Scott, Charles S. Macdougall, James C. McClelland, John S. Douglas, Robert MacKinlay, Fred. M. Johnson, Albert R. Hagerman, Cecil V. Mills, Donald R. Finlayson, Wilfred J. Johnson.

MEDICAL OFFICER WANTED

The Militia Authorities at Ottawa are in communication with Sir George Perley in regard to the securing of a competent medical officer who has had overseas experience to become Director of Invalids Overseas. The post was created when the medical end of the Military Hospitals Commission was taken over by the Militia Department. Three names are mentioned: Col. Fotheringham, Col. Ford and Col. McLaren.

NO STRETCHER-BEARERS WITH THE ENGINEERS

Capt. (Dr.) E. E. Latta, a well-known Colborne physician, who is at the Front, in a letter to friends tells how the soldiers are being instructed so as to be able to give emergency aid to each other. He says:

"At present I am not with the ambulance. Am at headquarters 2nd Canadian Divisional Engineers. We are stationed somewhat back of the line. My work here consists of the usual care of the sick, and in addition I am doing reinoculation and lecturing in first aid to the men. Engineers are always scattered when working in the front line, and they have no trained stretcher-bearers, so there is all the more reason each sapper should know more or less how to care for his own or his comrade's wounds until help comes. I take groups of 30 or more at a time, and by use of an improvised blackboard, dressings, etc., carry on with my instruction. We use a room in a French estaminet (which really is like a saloon) during the hours when it is legally closed to customers. I never dreamed of lecturing in a saloon in France a year ago, but I have done a lot of strange things during the last six months."

Major T. D. Archibald and Capt. J. G. Bruce, both attached to the C.A.M.C., returned to Toronto on furlough on February 13th.

The *Gazette* recently announced that Col. G. F. Foster, C.B., had been promoted from Deputy-Director of Medical Services to Director of Medical Services and temporary Surgeon General, vice Surgeon General C. G. Jones, C.M.G. It is understood that Surgeon General Jones is returning, at least for the present, to Ottawa.

Capt. (Dr.) J. Harvey Todd, son of Dr. J. H. Todd, McCaul and College Sts., returned to Toronto on February 12th and expects to remain on furlough for the next few weeks. Capt. Todd has certainly seen considerable active service, having been one of the first Toronto physicians to enlist for overseas.

The following members of the profession have recently had their names brought to the notice of the Secretary of State in London for valuable service in connection with the War: Lt.-Col. Irving H. Cameron, Lt.-Col. Graham Chambers, Maj. D. A. Clarke, Lt.-Col. J. D. Courtenay, Lt.-Col. F. G. Finley, Lt.-Col. E. C. Ashton (Brantford), Lt.-Col. D. W. McPherson.

PHYSICIAN'S HOUSE FOR SALE

A MEDICAL practitioner, of 25 years' standing, and now at the Front, is willing to sell his home. It is situated on one of Toronto's principal streets, with a double line of street cars passing the door. Purchaser will have the advantage of a long-established family practice—a great opportunity for some doctor moving into the city. Address *The Canadian Journal of Medicine,* Box A.

Society Proceedings

CANADIAN MEDICAL ASSOCIATION

The Committee of Arrangements of the Canadian Medical Association, which will meet in Montreal this year, announces that Dr. F. J. Shepherd, Montreal, has consented to deliver the address in surgery. This announcement will be welcomed by all and will go far toward ensuring a large attendance in the surgical section. A provisional programme is now in course of preparation, and will be ready for publication at an early date. It is intended to make a strong feature of the military section, and the chairman, Dr. A. Mackenzie Forbes, who has recently returned from the Front, is in correspondence with a number of Canadian doctors now on active service, and has been promised already a number of interesting papers.

THE ACADEMY OF MEDICINE, TORONTO

The usual Academy meetings took place during the month of March. The principal meeting was that on March 6th, for which the Programme Committee had arranged a particularly interesting evening. President Dr. John Ferguson made a further presentation to the Academy of a very interesting book and portrait. The volume was a treatise on the medical qualities and properties of Musk, derived, as it is, from the Canadian beaver. The volume was originally written in German in the year 1700, the manuscript falling into the hands of a Frenchman, who published it (in French) with the permission of Louis XIV, in 1746. The portrait presented was a particularly fine one of Jenner. Dr. C. K. Clarke also presented two additional volumes, one of Jacobus Sylvius (dated 1542),

the teacher of the world's greatest anatomist, Vesalius; the second of Spigelius, also a celebrated anatomist. Three papers on The History of Medicine were read: Dr. J. J. McKenzie on Morgagni; Dr. N. A. Powell on Larrey; and Dr. J. H. Elliott on Edward Jenner. Dr. F. N. G. Starr closed the evening with a discussion on "The Acute Abdomen," followed by Dr. A. H. Perfect and Dr. C. B. Shuttleworth.

A special meeting of the Academy was called for Friday, March 9th, at 8.30. The whole subject of Venereal Diseases was taken up, in view of the Ontario Government being approached in reference to, particularly, the returned soldier problem. The meeting was well attended, and very considerable interest shown. It is earnestly hoped that the representations to be made to the Government will induce them to do something without delay.

Obituary

CAPTAIN McKENZIE, M.O. OF 83rd BATTALION, DIES AFTER SHORT ILLNESS

Capt. Walter K. McKenzie, only son of Thomas McKenzie, bursar at the Mercer Reformatory, died suddenly on February 19th at Shorncliffe Military Hospital, where he was one of the physicians in attendance upon the wounded. He was a graduate of the University of Toronto class of 1914, and was on the Medical Staff of the Hamilton Insane Asylum for a year after graduating. He went overseas as Medical Officer to the 83rd Battalion, and was appointed to the staff of the Shorncliffe Military Hospital.

Personals

Dr. Herbert Bruce sailed again for England on March 10th.

Dr. N. A. Powell was elected President of the Esculapian Club at its closing dinner on March 8th.

Dr. Beverley Milner, 328 Bloor St. West, Toronto, announces that in the future he will confine his attention exclusively to general surgery.

Dr. John L. Davison, 20 Charles St. East, Toronto, announces that from now on he will confine himself to consultation and office practice.

Captain (Dr.) Stanley Ryerson, who was recently invalided home from Saloniki, was operated on a few weeks ago by Dr. Primrose for gall-bladder trouble. He is progressing nicely.

Dr. H. B. Anderson spent the month of March in California. During his absence, the doctor made some interior alterations to his house in order to have more office room, and has leased a portion of the same to Dr. Harold Tovell and Dr. Mann.

Military Orders, issued from Ottawa on March 14th, announce the appointment of Lt.-Col. G. S. Ryerson to be Honorary Surgeon-General, succeeding to the title held by the late Sir Frederick Borden, who was made Honorary Surgeon-General for Canada in 1908 by the British War Office.

The Physician's Library

A Text-Book of Histology. By Frederick R. Bailey, A.M., M.D. Fifth edition revised; illustrated. New York: Wm. Wood & Company, 1916.

This, the fifth edition of Bailey's Histology, is only a slight re-arrangement of earlier editions, notably the third and fourth. These earlier editions presented so many admirable features that notable changes would have been of doubtful value. The book develops logically, beginning with a discussion of Histological Technic, then going on to treat of the cell, the tissues and the organs of the body. The very admirable chapter on the nervous system is especially noteworthy. This book can be conscientiously recommended as a very desirable text-book of histology.

The Care of the School Child. A Course of Lectures delivered under the auspices of the National League for Physical Education and Improvement, May to July, 1916. Edited by James Kerr, M.A., M.D., D.P.H. With an introduction by Bishop Boyd Carpenter, K.C.V.O. London: The National League for Physical Education and Improvement, 4 Tavistock Square, W.C. 1916. 2s. 6d.

Twelve lectures, each one with its own special value, are published in this little book.

The Care of the Eyes, by Dr. James Kerr; The Care of the Nose, Ear and Throat, by Dr. Eric Pritchard; and The Care of the Teeth, by R. D. Pedley, L.D.S., are among the most important.

There is an earnest, practical, authoritative air about all the lectures, which at once disposes the reader to regard the book favorably, and the common sense and real interest in the

subject which are in evidence from the first word to the last serve to make the reading easy, pleasant and impressive, so that the advice given remains in the memory.

Bishop Boyd Carpenter's introduction adds to the value and unity of the book.

There is an excellent chapter on "The Disabled Child" and another on "General Personal Hygiene," as well as one on "The Mental Hygiene of the Child."

The National League and the editor are to be congratulated on this useful and important book of lectures, which we heartily commend to our readers.

The Organism as a Whole. From a Physiochemical Viewpoint. By Jacques Loeb, M.D., Ph.D., Sc.D. G. P. Putman's Sons, New York and London. 1916.

This book is the work of the foremost living experimental biologist, Jecques Loeb.

The conception which Loeb wishes to convey is briefly (to quote his own words) "that the unity of the organism is due to the fact that the cytoplasm of the egg is the future embryo upon which the Mendelian factors in the chromosomes can impress only individual characteristics, probably by giving rise to special hormones or enzymes." He states further, "The conception that the cytoplasm of the egg is already the embryo in the rough, may be of importance also for the problem of evolution, since it suggests that the genus and species heredity are determined by the cytoplasm of the egg while the Mendelian hereditary characters cannot contribute at all, or only to a limited extent, to the formation of new species"

An endeavor is made throughout the book to interpret in physciochemical terms the origin of life; the chemical basis of species and genus; specificity in fertilization, regeneration, adaptation; and death and dissolution of the organism.

Loeb's own work on artificial parthenogenesis is here admirably summarized. His conception of adaptation is given and an attempt is made to show the relation between the views of Darwin and those of subsequent workers in the realm of organic evolution.

The idea of Metchnikoff that senescense is the result of prolonged poisoning seems to Loeb to best explain the phenomenon of death of the metazoa.

This book may be read with interest by the educated layman and physician alike. It has the philosophic flavor of Metchnikoff's "Nature of Man," and no one interested in research in experimental biology can afford to remain ignorant of the views here expressed. It is the scholarly product of a research worker of the first rank.

Geriatrics. The Diseases of Old Age and Their Treatment, including Physiological Old Age, Home and Institution Care, and Medico-Legal Relations. By I. L. Nascher, M.D., Chief of Clinic Department of Internal Medicine, Mount Sinai Hospital Dispensary, New York; formerly Special Lecturer on Geriatrics, Fordham University School of Medicine. With an introduction by A. Jacobi, M.D. Second edition, revised. With 50 plates containing 81 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

Up till the appearance of the first edition of Dr. Nascher's Geriatrics, nothing on the subject of Diseases of Old Age had been published for twenty-five years or more. It must therefore be most gratifying to any author to be called upon, within three years, to rewrite his book. The second edition has been very thoroughly edited. The introduction is from the pen of Dr. A. Jacobi, and is in itself a masterpiece. The volume is one of five hundred or more pages. It has been sub-divided into three main headings: Physiological Old Age, and Pathological Old Age, with a third of thirty odd pages devoted to Hygiene and Medico-Legal Relations. Under Physiological Old Age, the author deals with the Senile State, the anatomical and Physiological Changes in Old Age and the Causes of Ageing. To Pathological Old Age in its many phases, the volume is almost altogether devoted, and under that heading Dr. Nascher considers in detail Primary Senile Diseases, Secondary Senile Diseases, Preferential Diseases of Old Age,

Modified Diseases of Old Age and Diseases Uninfluenced by Old Age. Apart altogether from the literary value of the book, it should be a good seller, if for no other reason than that there is no other volume of recent years devoted to the subject.

Iron Medication. A Brief Summary of Modern Clinical Results in Anemia Chlorosis, etc. Robert Ferber, Limited, London, England, and 110 Church St., Toronto. 1917.

The publishers of this booklet have recently mailed a copy to every physician in Canada. It deals with the subject of Iron Medication, the part played and the functions of iron in the human economy in its relations to the genesis and history of the red blood cells.

The booklet is worth reading, and we would suggest that any of our readers who do not get a copy send for one to Mr. Scheak, 110 Church Street, Toronto, who will promptly mail it, without any charge.

The Biology of Tumors. By C. Mansell Moullin, M.A., M.D. (Oxon.), F.R.C.S. H. K. Lewis & Co., Ltd., 136 Gower Street, London. 1916.

In this book of 55 pages, this well-known author gives more thoroughly than he could in the Bradshaw Lecture to the Royal College of Surgeons in 1912, his ideas on the biology of tumors, and attempts to place their origin and classification upon a scientific basis He divides them into two classes: I. Those due to the revival of the primitive power of sexual reproduction. II. Those due to structural details not being perfectly carried out. Of course the vast majority of tumors belong to class I, and these, he makes clear, are the offspring of the tissues from which they grow, belonging not to the same generation as the parent, but to the succeeding one.

The book is written in language anyone can understand, and is a valuable contribution to pathology.

H. K. D.

The Sexual Disabilities of Man, and Their Treatment and Prevention. By Arthur Cooper, Consulting Surgeon to the Westminster General Dispensary; formerly House Surgeon to the Male Loch Hospital, London. Third edition, revised and enlarged. London: H. K. Lewis & Co., Ltd., 136 Gower Street, W.C. 1916.

As it has been estimated that in about one-fourth of all barren marriages, the cause of the trouble may be found in the male, it is rather surprising that this question is not more studied.

With now nearly forty years of experience, and with great opportunities for observation, the author presents the third edition of one of the few books dealing with this subject.

It is an easy book to read, and full of valuable information, which has the advantage of having been gained largely from personal experience with these cases. This is a book which every young doctor should read as, sooner or later, in general practice, he is bound to come into contact with cases similar to those described therein. The third part of this book, dealing with the prevention of sexual disability, is entirely new and interesting. A. J. J.

The Journal of Urology. Williams & Wilkins Company, Baltimore, Md.

The first issue of this new publication came to hand a few weeks ago, and we wish to take this opportunity of congratulating the editorial committee and the publishers upon their initial effort. The editor is Dr. H. H. Young, of Baltimore, who needs no introduction to the Canadian profession, as his work in Urological Surgery speaks for itself. Dr. Young is supported by a staff of able collaborators. As the publishers announce, "*The Journal of Urology* will be planned along broad lines. As the varied problems of the urinary tract are open from every aspect for discussion, papers from the medical, surgical, chemical and experimental viewpoint will be published. The experimental work discussed will include the chemistry and biochemistry, physics, embryology, anatomy, physiology,

pharmacology, bacteriology and pathology of the urinary tract and also of the many organs and functions with which it is so closely related, as for example in nephritis. It will be the policy of the *Journal* to encourage and stimulate original contributions in its domain. Interesting papers of a historical nature will also be presented. *The Journal of Urology* will thus not only serve to record the advances in urological science, both medical and surgical, but it will also serve as an instrument for constantly maintaining and furthering the correlation between this and all the other branches of medicine."

Recollections of an Alienist, Personal and Professional. By Allan McLane Hamilton, M.D., LL.D., F.R.S. (Edin.). With original illustrations, photographs and facsimiles. New York: George H. Doran Company.

There are few medical books that have appeared from the Press of recent years that will sell quite so readily as "Recollections of an Alienist." It comes from the pen of a master, an expert alienist, who, for some years past, has been identified with the most famous criminal trials on record, and to-day the name of Allan McLane Hamilton is one that almost stands alone in medico-legal science. The volume is divided into two parts, one Personal and the other Professional. Part One is very interesting, detailing, as it does, some of the author's early memories, his study of medicine, some of his early struggles, his experience in newspaper work, his vacations abroad, his life in London, and so on. But Part Two is what will prove of greatest interest to physicians, particularly the chapters devoted to "Judges, Experts and Juries," "Will Making and Breaking," "A Visit to Mrs. Mary Baker Eddy," and "The Dangerous Insane." To the ordinary practitioner of medicine, we heartily commend Dr. Hamilton's "Recollections of an Alienist," but to the coroner, to the so-called expert medical witness, we unhesitatingly say, under no circumstances fail to purchase a copy, it is worth many times the price charged, $3.50.

Diseases of the Nose and Throat. By Sir St. Clair Thomson, M.D., F.R.C.P., F.R.C.S. Second edition, 858 pages, 22 plates and 337 figures. Price, $7.50. London: Cassell & Co.; Toronto: McAinsh & Co.

This book has now appeared as a second edition, and the many friends made by the former edition will welcome it. Most books dealing with diseases of the nose and throat are largely taken up by exploiting the author's pet operations or hobbies, and some in addition include everybody else's operation or hobby. Too little attention is paid to the requirements of the general practitioner. Sir St. Clair Thomson having been for some years in general practice, having taught rhinology and laryngology in King's College, and being for many years recognized as one of the leading consultants in London, is singularly fitted to present his subject to the medical profession. The subject is presented with the ease and grace which few authors are able to exhibit. Nothing has been omitted to bring the subject matter up-to-date, and every care has been taken to keep in close association with general medicine and surgery. Undoubtedly it is the finest example of sound British practice in print, and this means much to Canadian practitioners.

The Mulford Digest. Twenty-fifth Anniversary of The Mulford Laboratories. The H. K. Mulford Co., Philadelphia, Pa.

It was with interest that we recently perused the special number of "The Mulford Digest," commemorating the twenty-fifth anniversary of the Company.

A contribution (by Dr. A. L. Garbat, of the Pasteur Institute, Paris, France), is of unusual interest. Garbat is recognized as one of the leading immunologists of the world, and his work with sensitized bacterial vaccine (serobacterins) in co-operation with Besredka of the Pasteur Institute, has been of great value in determining its superiority over unsensitized vaccines.

Of no less interest is Dr. George H. Robinson's paper reporting the results of his researches on the standardization of

antimeningitis serum, and now that a reliable test has at last been devised for securing uniformity, the efficiency of the serum as a therapeutic agent will be correspondingly increased.

Much light has been thrown on the treatment of mixed infections with mixed bacterins by the investigations of Smith (see page 128) proving that the inoculation of a mixture of pathogenic organisms gives rise to specific antibodies antagonistic to each, and corroborating those of Castellani, who, as you are doubtless aware, is immunizing against typhoid fever, paratyphoid, cholera and malta fever with a mixed bacterin.

The testicular method for preparing smallpox vaccine, as worked out by Noguchi, is described by Dr. Elgin, and the paper by Dr. Paul S. Pittenger, dealing with mercurialized serum, now extensively employed in the treatment of syphilis, are interesting and practical subjects.

A Practical Medical Dictionary of words used in Medicine, with their Derivation and Pronunciation, including Dental, Veterinary, Chemical, Botanical, Electrical, Life Insurance and other special terms; Anatomical Tables of the titles in general use, and those sanctioned by the Basle Anatomical Convention; Pharmaceutical Preparations, official in the U.S. and British Pharmacopeias and contained in the National Formulary; Chemical and Therapeutic information as to the Mineral Springs of America and Europe, and comprehensive lists of Synonyms. By Thomas Lathrop Stedman, A.M., M.D., Editor of "The Twentieth Century Practice of Medicine," of "The Reference Handbook of the Medical Sciences," and of "The Medical Record." Fourth revised edition, illustrated. New York: William Wood & Co. 1916.

Stedman's Practical Medical Dictionary has for years been considered to be, in every sense of the word, an authority. The fourth edition now appears, and caps the climax. A large number of new words, titles and terms have been added, so that any practitioner purchasing it may feel that he has in his library one of the best medical dictionaries in print.

Oral Abscesses. By Kurt H. Thoma, D.M.D., Lecturer on Oral Histology and Pathology and Member of the Research Department of Harvard University Dental School; Instructor in Dental Anatomy, Harvard Medical School; Oral Surgeon to the Robert E. Brigham Hospital; Visiting Dental Surgeon to the Long Island Hospital; Consulting Oral Surgeon to the Boston Dispensary. Published by Messrs. Ritter & Company, Boston.

The time is now past when the condition of the mouth is considered of little importance in its relationship to the various systemic conditions. Close observation has established a near connection between certain foci of the mouth and other pathological conditions; in some cases so closely related as cause and effect. In the search for the primary or secondary foci of systemic diseases one often has occasion to look into the condition of the oral cavity, as it stands out as an important entrance for disease, although it has been until recently neglected as such.

In the second part of his work (the first part being taken up with the "Phenomena of Infection"), the author undertakes the important work of "Classification of Oral Abscesses." Then follows a consideration of the Pathological Development and Diagnosis of Alveolar Abscesses, caused (1) by Diseases of the Dental Pulp; (2) by Diseases of the Gum; and (3) by difficult eruption, impaction and unerupted teeth. One section of the work is taken up with a discussion of the Pathological Development and Diagnosis of Abscesses of the Tongue and Salivary Glands and Ducts. Section VIII is very important, because it deals with secondary complications of the diseases of the mouth, as (1) the involvement of neighboring parts, as sinusitis and pharyngitis; (2) Ophthalmic disturbances; (3) Aural disturbances; (4) Infection of the Lymph system; (5) Diseases of the Alimentary canals; (6) Infectious diseases of the blood; (7) Infectious diseases of the heart; (8) Affections of the Nervous system; (9) Diseases of the joints. Another section deals with the examination of the oral cavity for the physician, and also for the dentist.

Section 10 deals with the treatment of Oral Abscesses, and

this interesting and well-written volume concludes with a discussion of the prevention of secondary disease from Oral Abscesses.

The Practice of Urology, a Surgical Treatise on Genito-urinary Diseases, Including Syphilis. By CHARLES H. CHETWOOD, M.D., L.L.D., F.A.C.S., Professor of Genito-urinary Surgery, New York Polyclinic, Visiting Surgeon to Bellevue Hospital, Special Consulting Surgeon to Knickerbocker Hospital, St. John's Hospital, Nassau Hospital, White Plains Hospital, etc., etc. Profusely Illustrated. Second Edition. William Wood & Co., New York, 1916. Price, $5.50 net.

After careful reading, I am of the opinion that this book is a master work on urology. It deals freely, but concisely, with every known disease of the urogenital tract and renders very plain the diagnoses and treatments.

The operative work is most lucidly described. Cystoscopy, with its allied branch, is detailed so well, that one who has never seen the work, could quite readily adapt himself to it with success.

The chapters on syphilis, of its clinical course and treatment, are excellent and form part of the foundation of the volume. Physicians and surgeons can ill afford to be without this book, as they are enabled to readily find what they are seeking, and thereby afford patients the best of the latest scientific treatment.

Studies in Ethics for Nurses. By CHARLOTTE A. AIKENS, formerly Superintendent of Columbia Hospital, Pittsburgh, Pa., and Directress of Nurses in Iowa Methodist Hospital, Des Moines; also formerly Director of Sibley Memorial Hospital, Washington, D.C. 12-mo., 318 pages. W. B. Saunders Co., Philadelphia and London.

Miss Aikens' newest book on Ethics for Nurses marks a bright milestone in the advance of literature relating to her profession, since it breaks away absolutely from the former abstract, monotonous preaching on this subject in a style unattractive and soporific, while taking on a practical, level-

headed view of things as they are, yet pointing out the highest plane of living and thinking so as to avoid the gross errors into which we all may fall. It is a book for parents, whose daughters contemplate taking up nursing. It is a book for any layman who may have to employ a graduate nurse in his home. It is, above all, a book for the graduate nurse herself, to prevent her from getting the bloom of a first-rate training rubbed off. Concrete instances of what has actually happened are taken up and discussed from all viewpoints, and a chart devised therefrom, by which the young nurse may safely steer her course among the reefs and shoals of indolence, worldliness, and moral turpitude that will confront her on all sides. Such a book could well be written by some master mind like Miss Aikens', for all women engaging in a professional or business career, because it begins with a prayer and presents a deep religious tone throughout, indicating the high standard necessary to a nurse's life.

Diagnosis and Treatment of Surgical Diseases of the Spinal Cord and Its Membranes. By Charles A. Elsberg, M.D., F.A.C.S., Professor of Clinical Surgery at the New York University and Bellevue Hospital Medical College. Octavo of 330 pages, with 158 illustrations. Philadelphia and London: W. B. Saunders Company, 1916.

This work on the diagnosis and treatment of surgical diseases of the spinal cord and its membranes will be welcomed as an important contribution to the literature of the surgery of the spinal cord. It is of special value as a record of the experience of the author in this important and difficult branch of surgery, and it will be found a safe and reliable guide to the methods of surgical relief which are applicable to the cord and its membranes. Of very special interest is the short article on hematomyelia and spinal gliosis, because it suggests the possibility of relief under conditions which, by means other than surgical, are notoriously intractable.

The book is beautifully illustrated and contains much matter of practical value and interest, and is to be recommended to all those interested in this subject.

To Wives and Mothers; How to Keep Yourself and Your Children Well and Strong. Compiled by the Association of Infant Welfare and Maternity Centres, and published by the National League for Physical Education and Improvement, 4 Tavistock Square, London W.C. 1916 (copyright). Price: Threepence net.

This excellent pamphlet of fifty pages contains advice, information, and guidance to mothers for the benefit of themselves and their children of such a nature that any one who reads it must at once feel glad that such a book is available, and that at a price which puts it within the reach of everyone. Twenty-four different subjects are dealt with, briefly, clearly, and correctly. If we may venture on one suggestion, it would be that even more emphasis be given to the importance of nursing the baby at the mother's breast. The fourth paragraph on page 9 might well be divided into two, and some small additions made, so as to throw more light upon the subject. Among the subjects dealt with are: Advice to Mothers during the Lying-in Period; Why Does Baby Cry?; Exercise Baby's Muscles and Senses; Character Training; Hints on the Management of Children from 1-5 years of age; Common Ailments; What to do in Emergencies; Food and Drink; Simple Recipes; Clean Milk; Cleanliness in the Home; Fresh Air and Ventilation; The Dangers of Flies, Fleas, and other Vermin; Hints on Washing.

The Highway of Death. By Earl Bishop Downer, M.D., American Red Cross Surgeon to Serbia, 1915; Director of Special Private Mission in Russia; Surgeon to Hospital Militaire, Belgrade, Serbia; Member, American Medical Association, Columbus (O.) Academy of Medicine, etc. Copiously illustrated with numerous half-tone engravings from original photographs. Philadelphia: F. A. Davis Co., Publishers. English Depot: Stanley Phillips, London. 1916.

This is one of the most graphic pictures of the War, still raging in Central Europe, that we have read during the past two years, and Dr. Downer certainly conveys to his readers a tragic description of his experiences in Serbia during the awful epi-

demic of typhus fever. The author went through an experience that falls to the lot of but few physicians, and he will never forget it. In Chapter II. he portrays the frightful ravages of typhus fever, and any medical man who wants to know what such a scourge means should study this chapter. This story is followed by one entitled, "What War and Pestilence Does to a City," and we venture to think that we have not a single reader who has the slightest idea of the devastation that can be caused by war till he peruses this part of "The Highway of Death." The book throughout is well worthy of careful reading, as, though it is full of horrors, it is intensely interesting, and should cause such a revulsion of feeling that war should become an impossibility for all time to come.

Surgical Clinics of Chicago.

We recently received the first issue (February) of a new Saunders publication, *Surgical Clinics of Chicago.* It is certainly a credit to the publishers and editors alike, and contains a wealth of material from the clinics of such well-known men as Drs. A. D. Bertand, Presbyterian Hospital; A. J. Ochsuer, Augustana Hospital; E. Willys Andrews, Mercy Hospital; L. L. McArthur, Michael Reese Hospital; Dean Lewis, Presbyterian Hospital; Carl Beck, North Chicago Hospital; D. N. Eisendrath, Cook County Hospital; Mercy Hospital; S. C. Plummer, St. Luke's Hospital; E. W. Ryerson, Chicago Policlinic Hospital; and D. B. Phemister, Presbyterian Hospital. We heartily wish *Surgical Clinics* success.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

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Editorials

UNNECESSARY OFFICIALISM

SOME weeks ago Dr. Joseph C. Beck, of Chicago, was invited to address a section of the Academy of Medicine. Correspondence was entered into with the Minister of Customs and the Minister of the Interior with reference to his passage across the border, as it was known that Dr. Beck was a native of Prague, and instructions were given by these officials, which seemed on paper to make everything satisfactory. Dr. Beck was advised to carry his naturalization papers, but owing to his having mislaid his papers (taken out in 1890), and being advised by the British Consul in Chicago that nothing further was necessary than the correspondence which he carried, he started on his journey. He was removed from the train at 3.30 in the morning at Windsor, and so much delay occurred in communicating with Toronto and Ottawa, that he was obliged to return to Chicago without coming to Toronto at all.

A year ago the American Laryngological, Rhinological and Otological Association decided to meet this year, if possible, at the Clifton House, Niagara Falls, Ontario. Ottawa was communicated with and assurance received from the Minister of Customs that every facility would be given to the members of the Society at the different points at which they crossed the border Upon receipt of this, a decision was reached to meet at Niagara Falls, and all other arrangements were made for meeting there on the 1st and 2nd of June next Immediately following the unfortunate affair of Dr. Beck, Ottawa was once more communicated with and informed that, as there were approximately forty members of the Association possessing German names, a new ruling was necessary with reference to the conditions under which these gentlemen could cross the border. A communication was received from the Minister of the Interior soon after, stating that it would be necessary for all these gentlemen to carry naturalization papers. This information was communicated to the executive of the Society, with the result that the meeting in Canada has been called off, and Atlantic City named instead.

While we would not for a moment advocate, especially during war time, that the utmost care be not used at all border towns to prevent the entry into the country of all who sympathise with our enemies, surely it need not be carried too far and made to apply to professional gentlemen visiting Canada for a few days to attend the meeting of a Scientific Body and immediately return home.

THE SUPPRESSION OF VENEREAL DISEASES

THE Ontario Government has made a good start in the agitation for the suppression of Venereal Diseases by granting the sum of ten thousand dollars towards this exceedingly important movement. Though this sum of money will go but a short way, it is a commencement, and we trust that before a dollar of the money is expended, the whole thing will receive the most careful consideration, in order that the foundation will be "well and truly laid," and results secured from the very inception.

DEATH OF DR. JOHN L. DAVISON

JUST as this issue of THE JOURNAL goes to press, we learn with the deepest regret of the sudden removal by death of one of Toronto's most highly respected medical practitioners in the person of John L. Davison. The grim reaper has indeed garnered a goodly harvest among the profession during the past few months, many of Toronto's best known family physicians having "crossed the bourne whence no traveller returns"; but none will be regretted more sincerely than John L. Davison. He was universally liked and held in the highest esteem and will be sorely missed. He passed away at the home of his brother at Napanee, Ont., while there on a short visit. A service was held at his residence on Charles street east, on Sunday, April 22nd, and interment made at Florence the following day. We voice the feeling of the entire profession in offering sympathy to those left to mourn so untimely a removal.

Canadian Journal of Medicine and Surgery

Editors

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Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Society Proceedings

ACADEMY OF MEDICINE, TORONTO

Dr. John Ferguson, President of the Academy, made another presentation at the regular stated meeting on March 6th, 1917. This time it took the form of a portrait of Jenner. Dr. Ferguson spoke as follows:—

In presenting this portrait of Jenner, I feel that I have a special right to do so. When in Britain in 1880, I became acquainted with Dr. Hugh Clark, who, as a young man, had been an intimate friend and patient of Jenner. Dr. Clark was ever delighted to speak of the fine qualities of head and heart possessed by that great man; and, on one occasion, said that he could think of no better words to express his feelings regarding him than by recalling the words of Antony over the body of his friend Brutus:

> "His life was gentle, and the elements
> So mixed in him that nature could stand up
> And say to all the world, 'This was a man.'"

Jenner was only five years of age when his father, the vicar of Berkeley, died. His primary education was secured for him by his eldest brother, Stephen, who sent him to study under Rev. W. Clissold. At a very early period in Edward's life he manifested a marked fondness for the study of nature, and was an active collector of fossils and botanical specimens.

His medical studies began in 1770 at Sodbury, where he became apprenticed to Daniel Ludlow, as surgeon of that village. The year following he went to London and entered St. George's Hospital, being at the same time a resident in the home of the famous John Hunter. In 1771, he was commissioned by Sir Joseph Banks, the eminent scientist and navi-

gator, to arrange and describe the specimens that had been brought home by Capt. James Cook from the South Seas. He performed this task so well that he was offered the post of scientist to Cook's second voyage, but he declined the offer.

In 1773, he commenced practice in Berkeley, where he remained all his life. During his spare time he took much interest in natural science and wrote on fossils, botany and ornithology. He was fond of playing on the flute and violin. His style of dress was simple and neat, his usual costume being a blue coat, top boots and silver spurs.

He took an interest in the formation of medical societies, and contributed papers on the temperature of animals, on valvular disease of the heart, on angina pectoris, on ophthalmia, and on cowpox, and a number of other subjects.

In 1788, he was elected a Fellow of the Royal Society. In March of the same year he was married, and John Hunter acted as godfather to his first-born son. In 1792, his practice became so large that he was compelled to give up surgery and midwifery. In this year the University of St. Andrews conferred upon him the degree of M.D., *honoris causa*. During these years he had been making his observations on cowpox, or variolae vaccinae. In 1794, he passed through a severe attack of typhus fever.

From this period on his attention was given almost entirely to the study of cowpox. On 14th May, 1796, he vaccinated James Phipps, a boy of eight, with lymph taken from the hand of Sarah Nebrunes, who was suffering from cowpox. The lymph acted well on the boy. On 1st July, 1796, Jenner inoculated the boy with smallpox, but it did not take.

His first account of his observations and experiments was sent to the Royal College of Surgeons. It was not read at any society. In 1798, he applied to the Royal Society for the privilege of reading his manuscript, and received the following from the President:—

"You should be cautious and prudent, that the credit already gained by your communications to the Royal Society, and that you ought not to risk your reputation by presenting to that learned body anything which appeared so much at variance with established knowledge, and withal so incredible."

However, in this year he published in London his observations, which will ever remain a classic. The title of his small book was "An Inquiry into the Causes and Effects of Variolae Vaccinae, a Disease Discovered in Some of the Western Counties of England, and known by the name of Cowpox." The book contained a number of colored plates. He came to the conclusion "that the cowpox protects the human constitution from the infection of smallpox." In 1800, he published further observations; and, again, in 1801.

From that date onwards he made several visits to London with the object of securing the co-operation of influential persons. He stayed with Lord Egremont, and later the Duke of York took an interest in the formation of an association for the purpose of supplying pure lymph. The Duke of York accepted the dedication of the second edition of the "Inquiry." In 1800, he was requested by the Commander-in-Chief to vaccinate the 85th Regiment.

In 1799, Dr. Waterhouse, in Massachusetts, published an account of vaccination under the title "Something Curious in the Medical Line."

In 1802, the Parliament voted him a grant of £10,000. In 1813, the University of Oxford conferred upon him the degree of Doctor of Physic, *honoris causa*. He died on 26th January, 1823, at the age of 74.

There are many portraits of Jenner, but the one now presented is from the engraving by J. R. Smith. The portrait shows Jenner when he was in his 49th year, and had for its theme the following words of Jenner, written in 1798:

"While the vaccine discovery was progressive, the joy I felt at the prospect before me of being the instrument destined to take from the world one of its greatest calamities, blended with the fond hope of enjoying independence and domestic peace and happiness, was often so excessive that, in pursuing my favorite subject among the meadows, I have sometimes found myself in a kind of reverie. It is pleasant for me to recollect that these reflections always ended in devout acknowledgments to that Being from whom this and all other mercies flow."

Dr. Hugh Clark, who was himself a superior type of man, a widely read scholar, and a keen judge of character, said to

me that Jenner was patient and painstaking in his work, a skillful and hardworking physician, a devoted and sympathetic friend, and an affable and lovable man. He conformed in every respect to the words of Horace:

In se ipso, totus, teres atque rotundus.

The usual Academy meetings were held during the month of April, the attendance being unusually good.

Perhaps the outstanding meeting was that held in the Mining Building of the University of Toronto on Tuesday, April 3rd, the guest of the evening being Dr. Judson Daland of Philadelphia. The President of the Academy, Dr. John Ferguson, entertained a number of the Fellows to dinner at the York Club, when they had the opportunity of meeting Dr. Daland personally. The Academy meeting opened at eight thirty o'clock. The programme was opened by the President, who occupied the chair, and who was good enough to again make several presentations to the Academy, including a cane and a number of very valuable old medical works. Dr. Ferguson spoke as follows:

On this occasion I wish to present to the Academy of Medicine, Toronto, four very rare and interesting books, and a cane of unique historical value.

1. The first book is "An Essay on Diseases Incidental to Europeans in Hot Climates, with the Method of Preventing their Fatal Consequences," by James Lind, M.D., F.R.S.Ed., Fellow of the Royal Society of Medicine at Paris, and of the Royal College of Physicians at Edinburgh and Copenhagen: late Physician of the Royal Hospital at Haslar, near Portsmouth—to which is added an appendix concerning intermittent Fevers, and a Simple and Easy Way to render sea water fresh, and to prevent a Scarcity of Provisions in long voyages at sea. The Fourth Edition. London, Printed for J. Murray, 32 Fleet Street, 1788." This is a most interesting volume, and one of the very early ones on tropical diseases. The author has an excellent style, and his descriptions of the diseases mentioned are very clear. He gives an account of the diseases met with in

the East and West Indies, in Africa, in North America, etc. It is worthy of note how he reasons about the causation, and sets aside very logically most of the causes that had been advanced. He does not, however, mention a *contagium vivum* nor the spread by insects.

2. The second volume bears this title, "Cheselden's Plates of the Human Bones Correctly Reduced from the Original Figures; Accompanied with Concise Explanations for the Use of Students. Edinburgh: Printed for W. McWilliam and P. Brown, Nicolson Street; Ogles, Duncan, and Cochran; and T. Underwood, London, 1816." These plates, thirteen in number, are beautiful copper-plate reproductions of the originals, by Cheselden. As a specimen of the art in book-making of one hundred years ago, it is quite instructive. We think if students of to-day had this book for their text they would regard themselves as in luck on account of its simplicity and brevity.

3. The third one is on chemistry, and once belonged to Dr. W. T. Stuart, of Toronto, and has his autograph on a front page. The book is described as "Familiar Letters on Chemistry and Its Relation to Commerce, Physiology, and Agriculture, by Justus Liebig, M.D., Ph.D., F.R.S., Professor of Chemistry in the University of Giessen. Edited by John Gardner, M.D., Member of the Chemical Society. Third Edition. London: Printed for Taylor and Walton, Upper Gower Street, 1845." These letters read like good fiction, because they are the work of a literary artist, who, at the same time, was a close observer of the natural phenomena. In speaking of the coal deposits found in England, he says, "May this expectation be realized! and may her excellent population be thus redeemed from poverty and misery!" This is quite different from what the German scientist of to-day would wish for the people of England.

4. The fourth book contains two parts, the first is "Physiological Essays Containing an Inquiry into the Causes which promote the Circulation of the Fluids in the very small vessels of Animals; and Observations on the Sensibility and Irritability of the Parts of Men, by Robert Whytt, M.D., F.R.S., F.R.C.P., and Professor of Medicine in the University of Edinburgh, 1755." The second part of the book is "An Essay

on Dropsy and its Different Species, by Donald Munro, M.D. London: Printed for D. Wilson, and T. Durham, at Plato's Head, in the Strand, 1755." Both of these parts are well worth studying. It is interesting what clear and advanced views Dr. Whytt had on the circulation through the capillaries; and Dr. Munro of the varieties of dropsy and their treatment.

These four books will prove attractive additions to the list of rare volumes now in the library of the Academy.

The cane which I present was the gift of King George IV, in 1830, to Benjamin Collins Brodie. It passed into the possession of his nephew, Mr. James A. Brodie, a druggist, who lived and died in Toronto. Mr. Brodie stated that the cane originally had an ivory head, that the present head had been put on by some one, but that the ebony shaft was genuine. He gave the cane to me, and I have pleasure in depositing it among the rare books and portraits now in the possession of the Academy. It will prove one more attractive addition to our medical archives. A Latin writer once said *Ex rebus antiquis eruditio oriatur*—from ancient things may culture come.

Immediately afterwards Dr. Daland presented an exceedingly interesting paper on "Focal Infection." We think we are safe in saying that there has not been, this winter, a more interesting evening than that of April 3rd, the subject dealt with being one of immediate interest to every practitioner of medicine. Though many knew Dr. Daland, and had met him in former years, we think he made a number of additional friends on his recent visit to Toronto. Dr. Daland did not use any manuscript, and we exceedingly regret this, as it renders us unable to give our readers the benefit of his paper. The doctor had such a grasp of his subject that he required no manuscript, and would have been able to talk at considerably greater length from actual knowledge. We hope that ere long the Publication Committee of the Academy of Medicine will be able to make such definite arrangements with the readers of papers that the various journals will be able to reproduce the different addresses, it being a great pity that such valuable material as that of Dr. Daland, for instance, should not appear in print, and in that way become part of the transactions of the Academy. Dr. Daland's paper was discussed by Drs. F. A. Clarkson, E. E. King, D. J. Gibb Wishart and A. E. Webster.

At the close of the meeting the Committee on Nominations was elected as follows: W. A. Cerswell, A. H. Perfect, W. D. Young, F. N. G. Starr, C. K. Clarke, William Goldie, G. W. Ross, D. E. Robertson, W. E. Gallie, B. P. Watson, Gordon Bates, J. G. Fitzgerald, G. M. Biggs, W. A. Scott, James MacCallum, H. B. Anderson, W. H. Harris.

This committee met as per constitution on Wednesday, April 11th, and their slate will be presented at the regular Council meeting, to take place on Tuesday, May 1st.

A special meeting of the Section of State Medicine was held at the Academy building on Monday, April 2nd, when Dr. Gordon Bates occupied his place as Chairman and Dr. C. M. Hincks acted as Secretary. The *raison d'etre* for the special meeting was the visit to Toronto of Dr. Alex Nichol Thomson of Brooklyn Hospital Dispensary, New York, who gave an address on "Dispensary Control of Venereal Diseases." The meeting was well attended and quite enjoyable.

The Section of Ophthalmology and Oto-Laryngology was held on Monday, April 9th, on which occasion papers were read by Dr. C. B. Coughlin of Belleville (by invitation and Dr. E. Blaauw of Buffalo, N.Y. (also by invitation).

The Section of Medicine held its usual meeting on Tuesday, April 10th, the participants in the meeting being Drs. Julian London, Brefney O'Reilly, G. W. Ross, J. H. Elliott and J. H. Cotton.

The Section of Surgery had a very good attendance on Tuesday, April 17th. Drs. W. A. Scott, C. E. Treble, Roscoe Graham, A. S. Moorhead and A. C. Hendrick contributed to the evening's programme.

Up till the date of going to press, the different sections of the Academy who have elected their chairmen for the ensuing Academy year are: Ophthalmology and Oto-Laryngology, F. C. Trebilcock; Medicine, G. W. Ross; Pediatrics, G. E. Smith; and Surgery, W. A. Cerswell.

ONTARIO MEDICAL ASSOCIATION

Thirty-seventh Annual Meeting at Toronto, May 30th, May 31st, and June 1st, 1917.

Wednesday, May 30th.

10.00 a.m.—Meeting of Committees.
11.00 a.m.—Business Meeting.
12.30 a.m.—Luncheon in building.
2.00 p.m.—General Session.
Symposium on Venereal Diseases. Drs. Connell, Begg, Goldie, Hair and others.
Address in Gynecology, "Treatment of Prolapsus Uteri." Dr. Chipman, Montreal.
4.00 p.m.—Garden Party.
8.00 p.m.—General Session.
President's Address
Address in Medicine. "Nephritis and Diuretics." Dr. Christian, Boston.

Thursday, May 31st.

9.00 a.m.-12.—Meeting of Sections.
2.00 p.m.—General Session
Address in Surgery, "The Evolution of the Surgery of the Biliary System." Dr. W. W. Babcock, Philadelphia.
Laryngectomy. Dr. McKenty, New York.

3.30 p.m.—Business Meeting.
4.30 p.m.—Garden Party.
8.00 p.m.—Evening Session.
"Recent Advances in Operative Treatment in Intracranial Conditions." Dr. William Sharpe. New York.

Friday, June 1st.

9.00 a.m.-12.—Section meetings.

Section in Gynecology and Obstetrics.

Demonstration of the Right Oblique Diameter in Midwifery. Dr. McCabe.
Treatment of Fibroids. Dr. Angus McKinnon.
Ligamentous Suspension with Intra-Abdominal Treatment of Cystocele in Uterine Prolapse. Dr. Klotz.
Some Points in the Pathology of the Endometrium. Dr. B. P. Watson.
The Toxemias of Pregnancy. Dr. Frawley.
Cesarean Section. Dr. McIlwraith.
Retained Placenta. Dr. W. J. Mabee.
Other papers are promised by Drs. Holmes, Oliver and Ernest Williams.

Section in Surgery.

Varicose Veins. Dr. E. R. Secord.
Mortality Incident to Surgery. Dr. J. K. McGregor.
Surgical Treatment of Gastric Ulcer. Dr. D. C. Balfour.
Post-Operative Treatment of Abdominal Cases. Dr. I. Olmsted.
Gastric Stasis, Its Clinical Significance. Dr. W. J. McDonald.
The Cystoscope, an Essential in Genito-Urinary Surgery. Dr. Colin L. Begg.
Exophthalmic Goitre. Dr. H. Lackner.
Surgical Kidney. Dr. Mowbray.
Suprapubic Prostatectomy. Dr. N. H. Beal.

Section in Medicine.

Gonorrheal Septicemia. Dr. Stobie.
Blood Urea. Dr. Campbell.
Cyclic Vomiting. Dr. J. London.
Other papers have been promised by Drs. W. P. Caven, Minns, Bates, McPhedran and Richardson.

The Section in Ear, Eye, Nose and Throat has also arranged a good programme and exhibition of cases.

AMERICAN RADIUM SOCIETY

The American Radium Society, under the Presidency of Dr. W. H. B. Aikins, of Toronto, convenes in New York on June 4th. The following is the provisional programme:

Clinic.

Monday morning, June 4th, 1917—8.30 to 9.30 a.m.
New York Radium Sanatorium, 203 West 70th Street—Joseph B. Bissell, M.D., Director.

Morning Session—Hotel Astor, 10 o'clock.

Short Executive Session—Scientific Section.

President's address—W. H. B. Aikins, M.D., Toronto.
Radium in dermatology—F. E. Simpson, M.D., Chicago.
Discussion—S. E. Sweitzer, M.D., Minneapolis.
Radium in Gynecology—John G. Clark, M.D., Philadelphia.
Discussion—C. Jeff Miller, M.D., New Orleans; R. E. Skeel, M.D., Cleveland.

Afternoon Session—Hotel Astor, 2 o'clock.

The physics of radium of most value to the radiologist—C. H. Viol, Ph.D., Pittsburg.
Discussion—Wm. S. Newcomet, M.D., Philadelphia.
Radium as an aid in general surgical practice—G. B. New, M.D., Rochester, Minn.
Discussion—Jno. M. Lee, M.D., Rochester, New York.
Radium in bladder and rectal work—Hugh M. Young, M.D., Baltimore.
Discussion—Winfield Ayres, M.D., New York.
Histological findings in radiumized tissue—Henry Schmitz, M.D., Chicago.
Discussion—Isaac Levin, M.D., New York.
General exhibition and discussion of pictures and specimens.

Evening Session—Hotel Astor, 7.30 o'clock.

Annual Dinner—(Informal.)

The second annual meeting is scheduled to be held on the day prior to the meeting of the American Medical Association.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The annual meeting of the American Medical Editors' Association will be held at the McAlpin Hotel, New York City, on June 4th and 5th, under the Presidency of Dr. G. M. Piersol, Editor of the *American Journal of Medical Sciences.* A most interesting and instructive programme is now being prepared, and it is contemplated that the forthcoming session will be the largest ever held in the history of the Association. The 48th anniversary of this Society will be celebrated by a banquet on the evening of June 5th, at the McAlpin Hotel.

The annual meeting of Alienists and Neurologists will be held Monday, July 9th, to Thursday, July 12th, 1917, in the Red Room, LaSalle Hotel, Chicago, under the auspices of the Chicago Medical Society. Dr. George A. Zeller will act as chairman. The programme will be mailed June 28th, with the abstract of each paper. Contributors to the programme are solicited. This is a society without a membership fee. Address—Secretary A. & N., Room 1218, 30 No. Michigan Ave., Chicago.

Militia and Naval Medical Services and Ambulance

Col. J. W. Bridges was recently appointed A.D.M.S. Canadian troops, Bramshott.

Maj. C. A. Young, of Ottawa, has been recently appointed D.A.D.M.S. 5th Canadian Division, Witley.

Maj. Reg. Pentecost, of Toronto, was recently appointed O.C. No. 14 Field Ambulance, Witley.

Maj. J. S. Carruthers, of Halifax, is acting as D.A.D.M.S. Canadian troops, Bramshott.

Capt. Harold Orr, late No. 11 Field Ambulance, Toronto, is sanitary officer with the 5th Canadian Division.

Col. Lorne Drum was recently transferred from A.D.M.S. troops, Bramshott, to be A.D.M.S. of 5th Canadian Division at Witley.

Lt.-Col. C. H. Gilmour, of Toronto, has assumed temporary command of the Military Hospital, Bramshott, and of No. 9 Canadian Stationary Hospital, Bramshott.

The Royal Automobile Club, Pall Mall, was opened on March 6th as a Canadian Officers' Club by Field Marshal H. R. H. The Duke of Connaught.

Dr. T. D. Archibald, C.A.M.C., and Mrs. Archibald went to Halifax to visit the former's parents, Mr. and Mrs. Charles Archibald. Dr. Archibald has returned to the front to resume his duties.

Capt. R. W. Phillips, Dovercourt Road, Toronto, who is attached to the Canadian Army Medical Service, has recently been stationed at the Hospital Camp, Hastings, England. He received the degree of B.A. in 1911 and M.B. in 1913.

Col. J. A. Roberts, Toronto, who for some time has been Commandant at Cliveden and formerly Commandant at Saloniki, is appointed to command the new Canadian hospital at Basingstoke, which will ultimately have two thousand beds.

Lieut. J. Gilchrist has been appointed Medical Officer of the Special Training School Forestry Depot and Divisional Cyclists. Lt. T. E. White has been appointed Medical Officer of the Headquarters School of Musketry of the Overseas Training Company C.O.T.C. Both these officers are attached to the C.A.M.C.

The resignation of Col. F. W. Marlow, A. D. of M. S. of this Military District, has been accepted by the Militia Department, and the Colonel, it is understood, will resume his surgical practice.

Col. Marlow recently completed two years' service with the Headquarters Staff in this district. It will be remembered that early in February, at his repeated request, his resignation as A. D. of M. S. was forwarded by Major-General W. A. Logie to Ottawa. Since he sent in his resignation Col. Marlow has given evidence both at Ottawa and Toronto before the Parliamentary committee dealing with the care of returned soldiers.

Lieut. J. Spence Reid, son of Dr. J. B. Reid, F.R.C.S. (England), of Tillsonburg, and nephew of the late F. S. Spence, has been recommended for distinguished service. Lieut. Reid graduated from Victoria College in 1914, and then entered medicine. He went to England with the University Medical Corps, and when he found that undergraduates were not wanted he became a lieutenant in the Duke of Cornwall's Light Infantry. He served some time in Ireland, and then was sent to France. While at the University he was the 'Varsity tennis champion, and was also a member of the Meds' Fraternity.

Col. McComb, Ottawa, has resumed the position of Director of Medical Services in London Area, which he held formerly under General Carleton Jones. Capt. Warner is appointed his deputy.

Official notification has been received in the Toronto Military District that the discharge depots at Quebec, Halifax and St John form part of the Military Hospitals Commission Command, which is a unit of the C.E.F., and they are to be considered as auxiliary units to the Military Hospitals Commission Command.

The annual meeting of the Army Medical Officers' Mess for the garrison of Toronto was held at the Military Institute on March 7th, for the hearing of the annual report, election of officers and general business. Col. F. W. Marlow, A.D.M.S. of No. 2 Military District, addressed the meeting on questions of interest to their branch of the service.

The following officers were elected for the ensuing year: President, Major T. A. E. World; Vice-Presidents, Capt. G. Hyland, Capt. H. R. Holme; Secretary-Treasurer, Capt. F. N. Hughes.

Rev. Robert McCulloch, 96 Wamsley Avenue, has received a cable from the War Office, London, stating that his youngest son, Capt. A. Ernest McCulloch, had been seriously injured. The cable did not give the date of the accident, but stated that he is dangerously ill and suffering with a fractured femur and "multiple injuries." Capt. McCulloch has been serving on a R.A.M.C. hospital train in France for about a year. He is a graduate of Victoria University, B.A., 1911, and of Toronto Medical College, 1913. He was practising medicine in Oshawa before enlistment. During his university days he took a prominent part in athletics. He has one brother and one sister in France. His brother, Dr. R. J. P. McCulloch, of Belleville, is an eye specialist with the R.A.M.C. in a London Hospital. He was in France during the early days of the war, but was transferred to London after being ill with blood-poisoning. His sister, Miss Ella McCulloch, is a nurse in the S.A.I.M. service in France.

Col. Lorne Drum has been appointed Assistant Medical Director of the 5th Division. Major C. A. Young is appointed Deputy-Director; Col. J. W. Bridges, Assistant Medical Director at Bramshott; Capt. A. B. Garrow, Acting Staff Capt., 15th Brigade, 5th Division. Medical officers in the future will be appointed with lieutenant's rank, but will draw the pay allowance and pension of a captain. Candidates having graduated one year or over will be appointed to the rank of captain. Lieutenants will be promoted after one year's service.

The following civilian practitioners are authorized to examine recruits for the 248th Battalion; Dr. Martin, Dundalk; Dr. Ego, Markdale; Dr. Jamieson, Jun., Durham; Dr. Stalker, Hanover; Dr. Kent, Thornbury; Dr. Eberhart and Dr. Drummond, Meaford; Dr. Brewster, Dr. Gavillier and Dr. Hershey, Owen Sound.

The Gazette announces as Deputy Assistant Director of Medicals, Capt. F. J. Ewing. Officer in charge of records, Major F. L. Armstrong, and Lieut.-Col. while so employed.

Col. J. T. Fotheringham, C.M.G., has been appointed to the position of Director of Medical Services Invalides, newly created by the Militia Department here, in connection with the Canadian Army Medical Corps. He will have full responsibility in dealing with and administering the medical and surgical work in connection with returned soldiers, with headquarters at Ottawa or Toronto.

Col. Fotheringham, who has been for some time serving overseas with the Canadian Expeditionary Forces, both in England and in France, arrived in Canada on April 18th. He has been Assistant Director of Medical Services of the 2nd Canadian Division, Expeditionary Force. He is a graduate in arts and medicine of Trinity College and of the University of Toronto. He was formerly Professor of Therapeutics in Trinity University, and is now Associate Professor of Medicine in the University of Toronto. He is head of one of the medical services in Toronto General Hospital, and consultant physician to the Hospital for Sick Children, Toronto. He has been for many years associated actively with the Army Medical Corps, and has held several high administrative medical appointments in Military District No. 2.

Major Harley Smith, of Orpington Hospital was recently ordered to France.

Maj. Munn, A.D.M.S., Casualties, has been recalled from that post by the Militia Department, it is reported. His successor has not yet been appointed, but it is understood that he will be a man who has had overseas experience. Maj. Munn has held the position he vacates since the Toronto branch of the Military Hospitals Commission was formed.

Capt. Edward Ryan, formerly of the Ontario Hospital at Orpington, will succeed Maj. F. J. Munn as the medical officer of the Military Hospitals Commission in this district. Capt. Ryan was born in Frontenac 56 years ago, and at one time was Mayor of Kingston. He is a professor of clinical surgery at Queen's, and was appointed Superintendent of Rockwood Asylum in 1905.

Major E. S. Ryerson has been appointed Assistant Director of Medical Services for the Toronto Military Division in succession to Col. F. W. Marlow. The new appointee will have the rank of Lieut.-Col. while holding the appointment. Major Ryerson went overseas with the University of Toronto Hospital, and was at Saloniki. He was born in Toronto in 1879, and was educated at Upper Canada College and Trinity University. He has held offices on the Faculty of Medicine of the University of Toronto and Ontario Medical Association.

Selected Articles

NO MORE GERMAN TEACHINGS AND METHODS

At the Annual Meeting of the Asylum Workers' Association, held at the rooms of the Medical Society of London, 11 Chandos St., Cavendish Square, London, Sir James Crichton-Browne in proposing the re-election of Sir John Jardine as President, made the following reference to German ideas and methods:—

It is too soon to speculate what may be the ultimate effects of this war on medical psychology in this country, but there is one effect that is already certain, and that is that it will explode and utterly demolish the spurious deference and respect hitherto bestowed on German teachings and methods. Our young medical psychologists have been wont to hurry off to Berlin, Leipzig, or Vienna, to sit at the feet of some supposed pundit in mental and nervous pathology. Our journals have been full of translations from the German, and we have been plied with adulations of German wisdom. There will be no more of that. I say deliberately that in our department we have nothing to learn from the Hun; that in his treatment of the insane are to be seen traces of the inherent brutality of his nature, and what has been extolled as German psychological wisdom has been like German sausage, a confused mass of very dubious and indigestible ingredients. (Laughter.)

As regards the modern humane treatment of the insane there is absolutely nothing for which we have to thank Germany. It is France, beginning with Pinel, and England, beginning with Conolly, that have led the way in that matter, and introduced every amelioration. Germany has lagged shamefully behind. As late as 1855 that most cruel invention, the circular swing, by which unhappy patients were whirled round with enormous velocity, until they were seized with

sickness and vomiting, and often fainted away in a state of terror—an invention discarded in this country one hundred years ago—was in constant use; and as late as 1871—that is to say, less than fifty years ago—in most German asylums was to be seen the high collar round the throat, used to prevent the patient moving his head, heavy chains in which patients were securely tied down, stocks in which their feet were held fast, the cuirasse, or leather jacket of stout ox-hide, with sleeves and gloves of the same material, and leather buckles and masks that were strapped over the face and gagged the mouth to prevent screaming. At that time brutality reigned supreme in the so-called lunatic hospitals of Germany; and only a few years ago I saw the strait-waistcoat in free use in a German asylum, and other devices which I could not but condemn. Those who have read the accounts of what took place at the camp of Wittenberg, that den of cowardice and cruelty—(hear, hear)—will not doubt that inhumanity still lingers in German asylums.

There is a vein of hardness and cruelty in the German character that has vitiated their treatment of the mentally afflicted. I have heard of deputations of governors of asylums in this country going to visit asylums in Germany in order to pick up new and useful ideas in the treatment of the insane. They might just as well have stayed at home, except that they might obtain hints as to what to avoid.

The arrangements for clinical teaching and scientific investigation in German asylums are superior, and the organization of the lunacy system is good, for it is in organization that the Germans excel, but in all that concerns the humane treatment of the patients, German asylums are behind the age. One feels in them at once an atmosphere that is different from what prevails in our asylums—a coldness, a severity, an indifference to human suffering that is revolting; and as regards German asylum officers, I would say that they show a coarseness and callousness that painfully contrast with the urbanity and sympathy we are accustomed to here. They largely regard their patients as more or less interesting specimens, but lose sight of their sentiency and sorrows.

It would be inappropriate that I should discuss here the recent additions to medico-psychological science in this country

derived from Germany. Psycho-analysis the most notable of these is called—"prurio-analysis," I should be inclined to call it—a slimy, useless and offensive agitation of human sludge. I confess I turn with disgust from the German text-books, such as those of Kraft-Ebing and Freud—the former a favorite study of Oscar Wilde—and thank God for the clarity, the directness, the practical cleanness and commonsense of our nature-grown medical psychology. A. J. J.

Personals

Congratulations are certainly in order, and we extend the same in the most hearty manner to Dr. and Mrs. John Ferguson, Toronto, on the marriage of their daughter, which took place on April 25th.

Dr. George P. Sylvester, 585 Church Street, has been spending the last few months in China, visiting his daughter, who is the wife of a missionary there. Dr. Sylvester has been appointed by the French Government as Medical Examiner to conduct the examination of a large number of Chinese coolies, whom the French Government expect to bring to France as laborers.

Dr. E. O. McCullough, St. Clair Avenue, has received word that his brother, Capt. Bernard McCullough, has been dangerously wounded, and has been admitted to No. 7 Stationary Hospital, Boulogne. Capt. McCullough has been at the front for over a year, and before the war practised his profession at Oshawa.

We wish to extend to our esteemed confrere and friend Capt. (Dr.) R. J. Wilson, now home on leave from Orpington, sincere sympathy on the death of his brother, Rev. Dr. W. F. Wilson, Pastor of Elm Street Methodist Church, Toronto. Rev. Dr. Wilson passed away on April 3rd at his home on Breadalbane Street.

Congratulations are in order to Dr. D. E. Robertson on his recent engagement. The lucky young lady hails from London, Ont., and it is intended that the marriage will take place next autumn.

Lt.-Colonel (Dr.) Alexander Primrose, who returned a month or two ago from Saloniki, where he had served under Col. J. A. Roberts, with No. 4 Canadian General Hospital (University of Toronto) went back to England on April 26th to take an important surgical appointment with the C.A.M.C.

Obituary

Dr. Thomas Sparks, one of St. Mary's most prominent residents, died at his home on April 10th. He formerly practised medicine at Lakeside, Ont., but moved to St. Mary's about twenty-five years ago, where he was in practice till about five years ago, since which time he has lived retired.

At Elmira, Ont., on Wednesday, March 21st, Lucy Elwin, wife of Dr. W. W. Geikie.

Dr. J. K. Newcombe, who for many years resided in Toronto, died at Bideford, Devon, England, on March 19th. Dr. Newcombe was a brother-in-law of Dr. E. J. Barrick, who for many years lived and practised on Bond Street.

The death occurred on March 19th, at Thornhill of Dr. Garry Langstaff, one of the best known practitioners in York County, after a short illness. Dr. Langstaff, who was born in Markham Township, practised in Brooklyn, N.Y., for about twenty-five years, returning to his native village a few years ago. The deceased was fifty-seven years of age and is survived by his widow and infant daughter.

The Physician's Library

Care and Feeding of Infants and Children. By Walter R. Ramsey, M.D., Associate Professor of Diseases of Children, University of Minnesota, etc. Philadelphia: J. B. Lippincott and Company.

This volume of over two hundred pages is primarily designed for trained nurses. After a short account of the anatomy and physiology of the new born, a very good outline of the nursery and its proper equipment is given. Next, the sleep, clothing and exercises and feeding are described in a lucid and interesting manner. Breast feeding and artificial feeding are compared and described in some detail.

Then follow the common diseases and infections of childhood. The book is attractively bound and illustrated, and should prove valuable to all nurses interested in the subject.

A Text-Book of Pathology. By W. G. McCallum, Professor of Pathology in the College of Physicians and Surgeons, Columbia University, New York, with 575 illustrations, chiefly from drawings by Alfred Feinberg. Price $7.50. W. B. Saunders Company, Philadelphia and London. 1916.

In this attractive volume we have a book which will be read by everyone who is fond of pathology, with a great deal of interest. The writer has put a somewhat difficult subject in a most delightful and easily readable shape, and the standpoint from which he views the whole subject of pathology makes it most attractive.

The book is very comprehensive, although the writer does not cover the whole field. He does not, however, claim to do so, and therefore he is not overburdened with too much detail. The illustrations are beautiful, and altogether the material is put into such a shape as to make it very delightful reading.

The book must be read to be understood, and it cannot be read by anyone who knows anything of the up-to-date ideas on this subject without feeling that if not in every case, a new light, certainly in a great many a brighter light has been thrown on processes which until very recently were enveloped in uncertainty.

There is a long chapter on tumors, with many illustrations, and the present-day etiology on this subject is largely gone into, and it is somewhat remarkable that the writer does not attempt to give us any new classifications, but is content apparently to discuss very thoroughly this subject by the use of words with which we are more or less familiar. This book will be enjoyed not only by the student in pathology, but by pathologists who have studied their subject for many years, and will take its place after it has been read as a book of reference in every up-to-date professional man's library.

Constipation, Obstipation, and Intestinal Stasis. By Samuel Goodwin Gant, M.D., LL.D., Professor of Diseases of the Colon, Sigmoid Flexure, Rectum, and Anus in the New York Post-Graduate Medical School and Hospital. Second edition, enlarged. Octavo of 584 pages, with 258 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, $6.00 net; half morocco, $7.50 net.

The subject dealt with in this volume is of much practical interest, and is one that has attracted the greatest attention during the past ten years. It is generally conceded that the investigations and surgical work of Sir Arbuthnot Lane and others have opened up a large field, though there has been wide diversity of opinion as to the far-reaching conclusions which they have drawn. The first volume of Dr. Gant's work was published in 1909, and reprinted in 1910, and the fact that another revised edition is called for in 1916 is in itself evidence of the interest of the medical profession in the work.

The present volume deals with the whole subject in a broad and comprehensive manner—the anatomy and physiology of the large intestine, the etiology, symptomology, diagnosis and medical and surgical treatment of constipation, intestinal stasis, etc.

The work is sane, well-balanced, conservative, recognizing the relative value of all methods—physical, psychic, medical, surgical, etc.—in the way of treatment. The work is well printed and illustrated, and one which can be confidently recommended to the medical profession.

Diseases of the Skin and the Eruptive Fevers. By Jay Frank Schamberg, M.D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Third edition, revised. Octavo of 585 pp., 248 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $3.00 net.

In this edition the study of Dermatology in its broadest sense has been taken up. The descriptions of eruptions are well written, and the appearances of the diseases are described in such a way that they produce a picture to the mind of the reader which, being more or less verified by the very elaborate photographs of the various lesions, go further than almost anything else, except a study of the case in the living subject, to impress upon the student the characteristics of each class, and of very many individual diseased conditions. A new departure in this volume is the consideration of not only the so-called diseases of the skin, but of all the morbid processes that are to be observed and make themselves known particularly as cutaneous manifestations. Therefore, as might be expected, in addition to the consideration of the diseases ordinarily included amongst exanthema, we also have a description of the eruptions which are found under other circumstances, such as malaria, influenza, typhoid and typhus fever, and many others. The part devoted to the diseases of the skin proper presents the subject in a short and impressive manner, special attention being given to symptoms, diagnosis, and treatment.

Too much cannot be said with regard to the excellent illustrations. These are so frequently overdone that they are spoilt, whereas in this volume, while they are uncolored, one seems to get a better impression of the real condition.

It is a book that is clear in its style, and will prove to be of great value to anyone interested in this subject, and a safe guide in treatment.

Crowley's Hygiene of School Life. By C. W. Hutt, M.A., M.D. Cantab), Ph. D. (Oxford). Methuen & Co., Ltd., 36 Essex St., W.C. London. 3s. 6d.

The Hygiene of School Life, a valuable work, published by Dr. Ralph Crowley, in 1909, has now been re-published, being thoroughly brought up-to-date by Dr. C. W. Hutt, who is well known as an authority on School Hygiene and the Medical Inspection of Schools. It aims at giving a clear present-day picture of the school child and his surroundings, and in addition it describes the chief means to promote the health of school children. The book is a very suitable one for teachers and parents, and especially for education authorities, and all those who have any interest in or charge of the school medical service of the nation. Dr. C. W. Hutt has contributed a new chapter on a very important part of the duties of school medical officers, namely, their work in reference to juvenile employment. The attention given to special groups of children in this book marks a great advance in School Hygiene. As Dr. Hutt states, it is only of comparatively recent years that any attempt has been made to classify school children, and the process from a practical point of view is still in its infancy. The sections on nervous, backward, epileptic and mentally defective children are valuable. Careful attention is also given to questions connected with the education of children who are disabled, or partially sighted, or very hard of hearing. A good index and several important appendices add to the value of the book, which we unhesitatingly recommend as a satisfactory and authoritative textbook and book of reference on this subject.

Notes on the Causation of Cancer. By the Hon. Rollo Russell. Longmans, Green & Co., London and New York. 116 pages. Price, $1.25 net.

In 1914, when the work on the causes of cancer, to which he had devoted months of care and patient labor, was almost finished—when the greater part of this book was already in the press—Mr. Rollo Russell died. The publication of these notes was thereupon undertaken by Mrs. Russell.

The book really consists of a careful compilation of statistics and eminent medical opinions regarding the causation of cancer, from which the author attempts to show that irritation is the main contributing factor. After reviewing the evidence regarding the causation of cancer by soot in chimney-sweeps and gardeners, jagged teeth, clay pipes and excessive smoking as well as radium and X-ray emanations, he goes on to enumerate the irritants causing cancer within the body. These are alcohol, tea and coffee, excess in food, condiments, sour articles of food, very hot food and drink, putrifying food and parasites. He quotes an unusually large number of recognized medical authorities in support of his contentions.

Altogether it is a book affording much food for thought, while the statistics gathered constitute a valuable addition to the literature on the subject.

Encyclopædia Medica. Second edition under the general editorship of J. W. Ballantyne, M.D., F.R.C.P.E. Volume IV—Ear to Filariasis. Edinburgh and London: W. Green & Son, Limited; 1916. Price, 20s. net.

We find among the contributors to this volume such well-known men as the late Dr. Thomas Barr, of Glasgow; Dr. R. McKenzie Johnston, of the Royal Infirmary, Edinburgh; Sir William Milligan, of Manchester; Mr. Arthur H. Cheatte, of King's College; Dr. J. S. Fraser, of Edinburgh; Sir J. Halliday Croom, of Edinburgh; Dr. J. Stewart Fowler, of Edinburgh; Mr. A. H. Tubby, Orthopedic Surgeon, Westminster Hospital, London; and Dr. Norman Walker, of Edinburgh.

Among the new articles in Volume IV we find the following: Otosclerosis, by J. S. Fraser, of Edinburgh; Eclampsia, by J. W. Ballantyne; Eugenics, by Caleb W. Saleeby, F.R.S.; and Fascia, Injuries and Diseases of, by Mr. A. H. Tubby. The contribution on Eugenics covers sixteen or more pages, and is well worth careful perusal. The subject is divided into three divisions, viz., Positive, Negative and Preventive. The author shows that he has made a most careful study of the subject. The article entitled Otosclerosis covers less than ten

pages, and will interest aurists. The condition is one of chronic progressive deafness, associated with changes in the bony capsule of the labyrinth—changes which lead, in most cases, to ankylosis of the stapes in the oval window.

Almost the entire volume has been re-written, and should meet with a ready sale.

A *Manual of Pharmacology.* Adapted to the 1916 U.S. Pharmacopeia. A Manual of Pharmacology, and its applications to Therapeutics and Toxicology. By TORALD SOLMAN, M.D., and Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland, Ohio. Octavo of 901 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $4.50 net. The J. F. Hartz Co., Limited, 24-26 Hayter Street, Toronto.

This manual of pharmacology is rather elaborate and I think will be more used as a library reference book than as a text book. The student requires a concentrated account of the various pharmacological products in general use as there are only a few drugs such as quinine in malaria and mercury in syphilis whose effects are immediately evident to the prescriber, but the writer goes much further and has given us a volume which is of great help and worthy a place in the physician's library. A. J. H.

A *Reference Handbook of the Medical Sciences*, embracing the entire range of Scientific and Practical Medicine and Allied Science by various writers. First and second editions edited by ALBERT H. BUCK, M.D. Third edition completely revised and re-written. Edited by THOMAS LATHROP STEDMAN, A.M., M.D. Complete in eight volumes. Volume VII. Illustrated by numerous chromolithographs and four hundred and sixty-nine half-tone and wood engravings. New York: William Wood & Co.; 1917.

Volume VII of this important work has a very lengthy list of contributors, the majority of the names being well known

in American medical literature. In the list we find the names of several Canadians, including Dr. E. W. Archibald, of Montreal; Dr. F. A. L. Lockhart, Assoc. Professor of Gynecology, McGill University; Dr. W. S. Morrow, Montreal; Dr. F. J. Shepherd, Montreal; and Dr. Beaumont Small, Ottawa.

The volume includes almost every subject between Pace & Stone. An article of considerable merit and length is that on the Psychoneurosis, and is well worthy of careful study. We were also interested in more than contributions on Rheumatic Fever, Chronic Articular Rheumatism and Rheumatoid Arthritis. Considerable space is devoted to the subject of Radioactivity and Radiotherapy, which will interest our radiologists. Poliomyelitis Anterior is also dealt with at some length, and will be eagerly read and with profit on account of the recent epidemics of this terrible disease.

A Laboratory Guide in Pharmacology. By Torald Solman, M.D., Professor of Pharmacology and Materia Medica. Western Reserve University, Cleveland. W. B. Saunders Co., 1917.

This is a most excellent Laboratory Manual of Pharmacology and Toxicology. It consists of a series of exercises designed for a course of thirty working periods of two or three hours each. The main facts which can be demonstrated satisfactorily in connection with the action of the important drugstuffs and poisons are kept in mind throughout and the work arranged to permit of such demonstration.

The manual is thoroughly practical in character and is primarily designed for the use of students who intend to become general practitioners of medicine. It will also be found to be a handy reference guide for practitioners of medicine themselves.

J. E. S.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information H. Albert, Esq., Hot Springs, Va., U.S.

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Editorials

RELATION OF THE MEDICAL SERVICE OF CANADA TO THE PROBLEM OF INVALIDED SOLDIERS

WITHIN little more than a month after it was decided that Canada should participate in the war, and while the troops of the First Contingent were in training at Valcartier, the then Minister of Militia, who later became Sir Sam Hughes, though pre-eminently engaged in despatching a Canadian Expeditionary Force overseas realized that just as sure as soldiers were sent to war there would as surely come a time when wounded or otherwise invalided soldiers would return. In evidence of this it is noted that on September 14th, 1914, he appointed in the Toronto Military District a strong " Voluntary Aid Committee," and it is understood that similar committees were appointed in other military districts.

The function of these committees was to assist the local military authorities in dealing with invalided soldiers by way of supplementing the ordin-

ary necessities provided by the Militia Department. It was a plan of procedure that left the full responsibility upon the Government to provide through the military organization the necessary details for administration, medical service, pay and records.

During several succeeding months very little was done to advance the plan. On June 1st, 1915, an Order-in-Council was passed authorizing the establishment of convalescent homes throughout Canada for soldiers of the Expeditionary Force returning from the front. A Military Committee, with the Director-General Engineering Services as chairman, and with representatives from the various departments concerned, was appointed. At first it was considered feasible to make use of such homes as were offered voluntarily in various places in the cities, towns and country, and a number of such were inspected with a view to putting them into use if suitable. The co-operation of the Voluntary Aid Committee, St. John's Ambulance and Red Cross Associations was arranged for, and the assistance of all voluntary workers was sought, so that co-ordination of all efforts might be effected in such a way as to obtain the maximum results with the minimum expenditure of energy and material. Officers commanding Military Districts were notified that they would be responsible for carrying out the work in their various districts, and medical arrangements were to be undertaken by the Medical Service dealing through the ordinary channels.

Under the Militia Department matters were getting well under way and assuming definite lines and necessary proportions when, by another Order-in-Council, dated June 30th, 1915, and " at the instance of the Prime Minister," the Military Hospitals Commission was formed. The Honourable J. A. Lougheed, later Sir James Lougheed, who, it is understood, was Acting Minister of Militia at the time, was selected as President. Representative business men from various parts of the country were selected as members. Though a few of such had military rank, the Commission was distinctly "civilian" and "lay" in respect to the medical side of the problem. The Acting Director-General Medical Service was the sole representative of the Medical Service. This Order-in-Council was subjected to revision on October 12th, 1915.

Some of the provisions made were:—That the Commission be empowered to select medical and nursing staffs, and to appoint such other personnel as may be needed for the management of hospitals and homes; to recommend to the Governor-in-Council having direct access to the same through the president, any expenditure which it may consider necessary for the treatment of the sick and wounded, and to call in the aid of any department of the Federal Administration; in particular to use the machinery of the Militia Department, and, where desirable, to draw on that department for supplies, stores and equipment, and to utilize the services of District Staffs.

In the Toronto District voluntary efforts were put in abeyance until October 12th, 1915, when the Chairman of the Voluntary Aid Committee secured an appointment on the Commission.

Meanwhile, throughout Canada, a few, small voluntary convalescent homes were opened, and from the Toronto District the desirability of establishing a Central Clearing Military Convalescent Hospital was urged. As late as the end of September, 1915, the necessity of such was not admitted by those in authority. It was thought by them that the invalids could be distributed even from the Quebec Discharge Depot directly to the small homes, and this in spite of the fact that at that period all soldiers passing through the Discharge Depot were receiving their discharges and were no longer subject to military discipline. During the succeeding month of October newspaper complaints regarding the premature discharge and lack of proper treatment of returned soldiers became very numerous, and in order to impress the authorities with the urgent need of action the Central Clearing Hospital plan was allowed publicity. Immediately following this the Commission decided to try out the plan, and on October 21st, 1915, with the active co-operation of the Toronto civic officials arrangements were made for securing the old Bishop Strachan School for the purpose. The work of fitting it up was begun at once, and it was put into use a month later, on November 21st, on the arrival of Toronto's quota of the more than six hundred invalids returning on the steamship *Metagama*,

and landing at Quebec on November 14th. This place became the centre of the work in the Toronto District, and shortly afterwards a similar plan was put into effect in the other districts in Canada.

During the week of November 14th to 21st, 1915, an effective system of dealing with returned invalids at the Discharge Depot at Quebec was inaugurated. All soldiers likely to be benefited by further treatment (75 per cent. or more of them) were placed in the convalescent class and their discharges were withheld, and those proceeding to the various districts were despatched to District Headquarters en masse under escort and accompanied by their papers. Following this, on recommendations of Medical Boards, all soldiers previously prematurely discharged were reinstated.

*All medical arrangements remained with the Medical Service until June 24th, 1916, when, on the recommendation of the President of the Military Hospitals Commission, an Order-in-Council was passed creating the Military Hospitals Commission Command, an Expeditionary Force unit for home service on the strength of which all convalescent invalids might be carried pending their final disposition. It was submitted that "as in most instances the invalided men who come back to Canada require special treatment, and as the medical profession of Canada has been most generous and self-sacrificing in offering its service to the Commission ('to the soldiers' was probably meant), it would appear to be desirable to organize a staff, which will,

*In February, 1916, in the Toronto District, a Casualty Department consolidating the administrative, medical, pay and record aspects of the work was organized under the local military authorities. Headquarters authorization of such was obtained on May 10th, 1916.

so far as may be consistent with the law, operate independently of the Department of Militia and Defence." Provision was made for the appointment of a Medical Superintendent, and Dr. A. Thompson, M.P., Yukon, was made a Lieutenant-Colonel C.E.F., and was detached to take this position. As a Member of Parliament, it was necessary that he should be recognized as a part of the Expeditionary Force in order to enjoy the emolument attending military service.

From that time the Commission set out to assume control over the whole problem, but as much duplication of machinery was necessary in order to carry out their plans, and most of their efforts were directed towards the problem of securing accommodation the medical arrangements were allowed to drift on as before, except that various appointments and arrangements were made outside the Medical Service, as well as within it, at the instigation of the Commission, with the result that no definite chain of responsibility or of authority existed, and the Medical Service was gradually deprived of its control without being relieved to a corresponding degree of its responsibility.

By the Order-in-Council creating the Commission Command, it had been arranged that medical officers might be seconded for duty with it, also, that where advisable, civilian practitioners might be employed, and that military rates of pay need not be adhered to.

On December 18th, 1916, realizing that some further definite action should be taken, the Commission

intimated to the Militia Department their desire to assume full responsibility for the medical treatment and care of invalided soldiers in accordance with the powers granted them by Orders-in-Council, and asked that some medical officers doing duty in respect to the work in the various districts be seconded to their command. Apparently this request was refused. It had been urged upon the Militia Department that such medical work should be recognized as Army Medical Corps work, and the Department had begun to feel that medical officers could not, or should not, be spared for duty that did not come under the Medical Service.

At this time the problem of accommodation had become acute, and the business of the Commission had assumed large proportions. It was felt that a business manager was necessary in order to relieve the Commissioners of duties which were becoming onerous. Mr. S. A. Armstrong, Assistant Provincial Secretary of the Province of Ontario, who was able to bring to the Commission, at a fair rental, some provincial institutions for hospital purposes, was appointed Director with power little short of that enjoyed by the Commission itself.

Owing to the difficulty or impossibility of arriving at a satisfactory arrangement with the Militia Department, plans for creating a special Medical and Nursing Service for the Commission Command were contemplated, and it appeared as though the divorce of the Commission from the Militia Department was about to be completed.

At the request of the present Minister of Militia some further recommendations relative to the situation were made by the then Assistant-Director Medical Services of the Toronto District, who had a few months previously made a report upon the Medical Services of Canada. These were submitted on December 28th, 1916.

In order to find a common ground on which the Militia Department and the Commission might meet and as there was no inclination on the part of the Commission to fully restore the medical aspect of the work to the Medical Service, and in order to have the medical work recognized as Army Medical Corps work, and thus save the Corps from threatened strangulation, this officer recommended the establishment and carrying on of a special branch of the Corps, to be known as "Medical Service, Invalids," and to be administered by a "Director of Medical Service, Invalids," until the whole work could be consistently relegated to the Medical Service.

Some weeks later, at a conference between the Militia Department and the Commission, a compromise was effected which sanctioned a continuance of the same unsatisfactory conditions by failing to definitely fix responsibility for the whole medical work either on one body or the other. Immediately following this the officer referred to above resigned his administrative position in the Medical Service as a protest not only against the failure to establish and hasten a definite and comprehensive plan of

procedure in respect to the whole problem of invalided soldiers, and thus clear up a situation which, after two and a half years of war, seemed intolerable and indefensible, but as a protest against arrangements resulting in further disorganization of the Army Medical Corps, and against the exploitation of the medical profession of Canada by some laymen and some politicians in dealing with a most important public problem with such a distinctly medical aspect. It is understood that vigorous protests were also forthcoming from Assistant Directors Medical Service of other military districts.

A little later, on February 28th, 1917, the Minister of Militia announced that the medical work would be restored to the Army Medical Corps and that a "Director of Medical Service, Invalids," would be appointed.

On March 27th, the resignation of the Assistant Director Medical Service of the Toronto District was accepted, and it was officially announced that an overseas officer, C.A.M.C., was being recalled to take up the new directorship. As it had been arranged in the meantime that the determination of the need and the location of hospitals was to remain in the hands of the Commission, and that all staff appointments should be subject to their approval, modification or otherwise, it seemed doubtful if the officer could accept the position with such restrictions.

It is hoped, however, that ultimately a united Medical Service will be established with a directing

Surgeon-General responsible to the Minister, having under his charge all matters pertaining to the medical service, from the examination of the recruit to the final disposition and pensioning of the invalided soldier. In no other way can the misguiding hands of some laymen and some politicians be removed from the administration of a service which is second to none in importance, dealing as it does with problems of war which enter more deeply into the hearts of the people than any other.

On February 22nd, 1917, a Special Committee appointed by Parliament began an exhaustive investigation of the returned soldier problem. Several sittings were held at Ottawa, Montreal and Toronto, and witnesses from all parts of Canada were examined for purposes of securing evidence. It is expected that the report of the Committee, which has not been presented at the time of writing, will contribute much to the advancement of the work involved in the problem and to the general welfare of invalided soldiers.

F. W. Marlow, M.D., F.R.C.S., Toronto
(Formerly Assistant Director Medical Service, Toronto Military District).

Toronto, May 8th, 1917.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Society Proceedings

THE ACADEMY OF MEDICINE, TORONTO

The Academy of Medicine "season" for 1916-1917 closed in a "blaze of glory" on May 1st, on which date the Tenth Annual Meeting took place at 8.30 p.m. in the Academy Building, Queen's Park. This meeting was certainly the largest in the history of the Academy, the auditorium, as also the halls and stairways, being uncomfortably crowded, again showing the necessity for a new building, which we trust will become a reality soon after the war is over. The Chair was occupied by the President, Dr. John Ferguson, Dr. J. H. Elliott acting in his usual capacity as Honorary Secretary.

The evening was devoted to the business of the Academy, including the reports of Council, Trustees, Standing Committees, Report of Honorary Secretary, Reports of Sections, Report of Honorary Treasurer, Special Committees, and other business. We wish to take this opportunity of congratulating in the heartiest manner the retiring President and the different Officers of the Academy on the splendid year just closed. Without the slightest fear of contradiction, we state that the year has been one of the best, if not the best in the history of the Academy. We would like particularly to make special reference to the dignified way in which the retiring President fulfilled his duties and for the very effective work accomplished by him. We cannot do better than give our readers in full the Report of Council, as read by the retiring President. It gives fully a digest of the work accomplished during the year.

Report of the Council.

Fellows of the Academy of Medicine, Toronto:

It now devolves upon me, in laying down my office of President, to make a few observations in behalf of the Council, by

way of a general review of matters that are of interest to the Academy of Medicine. The Academy was organized in March, 1907, and the reports that shall be laid before you close the tenth session. This is not a long period; and yet it has been teeming with important events in the history of medicine, and, more especially, in the history of the Academy.

Ten years ago, the Academy started out in its career of usefulness with one hundred and eighty-four Resident and three Non-Resident Charter Fellows. Of these twenty-one have been removed by *pallida mors* who, with impartial footsteps, calls at the palaces of kings and the homes of all. In their day they did their work well, in all things proving themselves to be *viri nobilissimni*. Seventeen have withdrawn from the Fellowship of the Academy; but in most instances, because of removal from the city to reside in distant parts of Canada or in other countries.

The original band of Fellows had a vision and a purpose, and through their efforts the Academy has steadily increased in numbers. There are now 434 Resident, 42 Non-Resident, 4 Life, 4 Honorary, and 1 Corresponding, making a grand total of 485 Fellows. When one considers the social, professional and educational advantages to be derived from participating in the work of the Academy, it is difficult to understand why any eligible practitioner in Toronto should remain *extra muros academiae;* but one would rather expect that he would hasten to become *comes idoneus* in carrying to completion the aims that lie before us. For the Academy the words of Oliver Wendell Holmes should be its motto:

> "Along the front no sabres shine,
> No blood-red pennons wave;
> Its banner bears the single line,
> 'Our duty is to save.'"

During the past ten years the hospitals of Toronto have undergone a marked transformation. The new General Hospital is a creation of the period contemporary with that of the Academy, the new buildings of the Western Hospital are births of the past six years, to the Children's Hospital splendid addi-

tions have been made, while St. Michael's Hospital has been almost reconstructed. These changes are certain to make Toronto one of the leading centres of medical education in Canada; and, perhaps, of this Continent. This very fact makes it doubly necessary that the Academy of Medicine should maintain a high standard in its contributions to medical literature and science. The sessions of the Academy should be post-graduate courses worthy of Toronto and the best traditions of learned societies. A great stimulus towards this end would be the publication of our transactions. The societies of the world that have accomplished most and risen to the highest place are those that embody their work in permanent form. It is true here as elsewhere that *verbum locutum evanescit, impressum manet*, the spoken word flies away, but the printed one abides.

The Sections and Committees have all very gratifying reports to submit of the year's operations. These reports will be read with pleasure by all. The following Standing Committees deserve mention for their excellent work:

1. House Committee, Chairman, Dr. E. E. King.
2. The Library Committee, Chairman, Dr. John Ferguson.
3. The Publication Committee, Chairman, Dr. F. A. Clarkson.
4. The Programme Committee, Chairman, Dr. John Ferguson.
5. The Executive Committee, Chairman, Dr. John Ferguson.
6. The Trustees Committee, Chairman, Dr. H. J. Hamilton.

The Special Committees that call for mention are:

1. The Workmen's Compensation, Chairman, Dr. J. M. Cotton.
2. The Legislation Committee, Chairman, Dr. A. J. Johnson.
3. The Venereal Disease Committee, Chairman, Dr. E. E. King.
4. The By-Law Committee, Chairman, Dr. D. J. Gibb Wishart.

5. The Committee on Hospital Supplies, Chairman, Dr. N. A. Powell.

6. The Committee on Patriotic Work, Chairman, Dr. H. B. Anderson.

7. The Committee on Nurse Registration, Chairman, Dr. H. J. Hamilton.

During the past academic year several Fellows have answered the call to lay aside all earthly activities. By the death of W. B. Geikie, W. Oldright, N. J. Yellowlees, and A. R. Gordon, the Academy suffered a heavy loss. This has been fittingly expressed in the form of resolutions that have been sent to the proper persons. These Fellows made a deep impress on the medical life of this country, both as men and as practitioners. Of each it can be said:

"His words pure messengers sent from his heart,
His heart as far from fraud as heaven from earth."

The session now closing has been a very busy one. In addition to the regular work of the Academy, there have been much time and earnest consideration given to the sittings of the Medical Commissioner, the Workmen's Compensation Act, the prevention and treatment of venereal diseases, and military medical interests. These have demanded two special meetings of the Academy, a special meeting of the Council, and the appointment of several special committees.

The results have been all that could be desired, and much praise is due the Academy, which, through its officers and various committees, made such strenuous efforts to secure the best possible legislation.

In the matter of Venereal Diseases the outcome of the action of the Academy has been rewarded with signal success, the Government of the Province granting the requests of the Academy both in legislation and financial aid.

It must be a matter for congratulation that the Workmen's Compensation Act is now in a most satisfactory form. The amendments of the recent session have made matters very much better in the matter of the surgical attendance on the injured.

There is no waiting period so far as the medical profession is concerned. As soon as attendance commences the responsibility for payment of fees is recognized and the duration of the period for which the Workmen's Compensation pays the surgeon is thirty days. Payments to the medical profession are made through the Board from the fund at its disposal, and not by the employers or the workmen. In these changes it will be seen what substantial progress has been made.

The Medical Commission has not yet reported, and therefore no opinions can be formed as to the nature of the medical legislation that may be expected. The profession throughout the Province should be ready to act as a unit and with vigor should any danger darken the medical horizon.

It is becoming once more to recall the splendid services that so many of our Fellows are now and have been rendering in the war that has been devastating Europe for nearly three years, and which has been aimed with great violence and hatred against the British Empire. To the call for physicians and surgeons nearly one hundred of our Fellows have responded, abandoning the comforts of their homes and their practices for the tent, the barracks, the military hospital, the ambulance, the transport ship, the trench, and the bloody battle field, thereby endangering health and risking life. In the midst of it all and above all could be heard the words, "Duty must be done." That this duty has been well done is borne out by the long list of honors that have been conferred upon Canadian doctors in general, and upon our own Fellows in particular; for none

> "More daring or more bold is now alive
> To grace this latter age with noble deeds."

I would take the liberty of suggesting that a circular letter be prepared and sent to all the practitioners of Ontario, requesting them to send to the Academy any rare book or manuscript in their possession, and interesting information relating to the history of medicine in this Province. It should be made quite clear that this is not done from any selfish desire on the part of the Academy, but rather that such articles and information should not be lost. I am sure that many valuable books

would thus be saved from destruction, and much useful information secured about the pioneer doctors of Ontario. To give one instance let me state that I know a party who secured the case book of the doctor who attended a number of the volunteers who were wounded at the battle of Ridgeway, wherein is recorded an account of their injuries. Such books, if lost, can never be replaced.

May I venture to suggest that the Academy start certain funds towards which the Fellows might make contributions, or induce their friends to do so. I am quite sure that this can be successfully accomplished. One fund might be for the purchase of old and rare editions, while another might be for the making of additions to our collection of works on the history of medicine. Let us begin by inaugurating an effort to raise at least $1,000, the interest of which would be used in securing the works of the old masters, as occasion presented themselves when such editions were offered for sale, or when old libraries were being broken up. A letter setting out this plan in detail should be sent to the Fellows asking for their co-operation. I have absolute confidence that the effort would be successful, and am ready to begin by donating one hundred dollars.

During the session now closing the Academy held seven stated and two special meetings. These were all well attended and the programmes proved popular. The Programme Committee is entitled to a full measure of praise for its efforts. At the stated meeting in October, Professor A. J. Carlson, of Chicago, gave an address, with many lantern views, on "Some Recent Contributions to the Physiology and Pathology of the Stomach." At the November meeting Mr. Justice W. R. Riddell gave an exhaustive paper on "The Law and the Doctor." Professor V. C. Vaughan, of Ann Arbor, Mich., addressed the Fellows on "The Protein Poison and its Relation to Immunity and Disease," at the December meeting. During the same month there was a special meeting to view the presentation of the film "Damaged Goods." The January meeting was conducted by our own Fellows. For our February meeting the Academy was fortunate in having as its speaker, Dr. Geo. W. Crile, of Cleveland. He discussed three topics, namely, "Cholecystectomy vs. Cholecystostomy, The Treatment of

Gastric and Duodenal Ulcer, and the Relationship of the Thyroid to Exophthalmic Goitre." In March there was a historical night and the programme was furnished by our own Fellows. During the same month there was a special meeting devoted to the venereal menace. Dr. Judson Daland, of Philadelphia, took the April meeting and discussed the subject of "Focal Infection as a Cause of Constitutional Disease." From personal knowledge I can say also that the programmes at the meetings of the Sections were excellent, the interest well sustained, and the attendances good.

The work of the session, though heavy, was made pleasant and was also materially lightened by the very willing and efficient assistance I received from the officers, from every member of the Council, from all the Committees, and from every Fellow to whom I turned to take part in any way in the scientific work of the meetings, not one giving a negative answer. An effort was made that every Fellow who was willing to help in any way should be given an opportunity. While it is true that Nestor did not confer the full measure of wisdom until he had taken away the fleetness of youth; yet, on the other hand, the task of being a herald and bearing important messages was assigned to the young. There is room for both Jupiter and Mercury in our system.

I wish to avail myself of this opportunity of expressing, in the name of the Academy, the warmest appreciation for the valuable services rendered by Dr. W. A. Young, Honorary Treasurer, and Dr. J. H. Elliott, Honorary Secretary. At all times they were ready and most efficient. There are many others who should be mentioned for their painstaking services, but I will content myself by referring to the able manner in which Drs. R. A. Reeve, H. B. Anderson, D. J. Gibb Wishart, H. J. Hamilton, A. J. Johnson, Edmund E. King, N. A. Powell, C. K. Clarke, W. H. B. Aikins, and J. M. Cotton presented the case of the medical profession before the Medical Commissioner and members of the Government on a number of occasions, when matters of medical legislation, the Workmen's Compensation Act, and the subject of Venereal Diseases were under consideration.

Before I pass out of office bear with me while I make a few

remarks about ourselves. The Academy of Medicine is composed of Fellows, and should know each other as such only. This is the Academy of Medicine and in it there should be no subsections. While it will always be well to have every interest and important group of Fellows represented on the Council and the Committees, this should be secondary to efficient service rendered the Academy, regardless of hospital affiliation, or whether a surgeon, a physician or a specialist. The fact that one is a Fellow should entitle him to any honor the Academy can bestow, if he proves loyal to it and works for its welfare. It should be the wish and aim of all that an *esprit de corps,* such as is set forth in the following lines from a Latin poet, may ever prevail:

> "Thrice happy they who so are tied
> In love's mysterious bonds so close;
> No strifes, no quarrels can divide,
> And only death, fell death, can loose."

In order to secure the best results, it would seem desirable that there should be an element of continuity in the composition of the Council. Six new members come on each year as Chairmen of the Sections, and usually some changes are made in the personnel of the eight elected members. It is here that the Academy should try to continue in office those who have proven themselves to merit renewed confidence by faithful service and thorough performance of such duties as may have been assigned to them. An effort should be made to retain the advice of past members of the Council on the various Committees. The practice of going beyond the Council for some of the membership of the Committees is a good one, and has been successful in the past. Give every willing worker a chance.

There is one Committee to which it may be well to make special reference. The Library Committee has charge of one of the most important concerns in the life of the Academy. It has to do with the purchasing of all the books and journals, and is the main influence at work in securing donations of books and periodicals. There should be an objective and a plan in all this, and, for this reason, this Committee should have a fair

degree of permanency. From time to time new persons must of necessity be added, but there should be retained for this Committee, as far as possible, the services of those who are enthusiasts in this department, and who hope to see here one of the finest medical libraries on this continent.

That the Councils for the past ten years have been faithful to the trust committed to them is borne out by the following facts: The Fellowship has grown from 187 to 485; the library has increased from 4,760 accessioned and 1,120 duplicate volumes at the close of our first year in 1908, to 8,372 accessioned and 3,000 duplicate volumes at the close of this session; at the close of our first year the Academy had 3 portraits in oil and no other portraits, whereas it has now 9 in oil and 106 of other kinds. At the close of the first year we had an interest in our building and furnishings of $6,069, but now we have an interest of $15,444 in these assets. Our first report showed that the Academy had $6,919 invested, now it is $7,660, and the cash on hand has risen from $471 to $823. Putting a very conservative valuation on our books and pictures our total assets are easily worth $50,000, as against an outside value of $25,000 when we ended our first session.

I wish to express my fullest appreciation of the manner in which Miss Charlton, our Librarian, and Miss Runciman, the assistant Secretary, have discharged their duties. The Academy is most fortunate in having such painstaking and capable officials. .

I entered upon my duties with the determination that, as far as possible, I would be present at all the meetings of the Academy and its Sections, and of the Council and all its Committees, standing and special. With the exception of two meetings of the Section of State Medicine, one meeting of the Ophthalmological Section and one meeting of the Committee on Publications, I have succeeded in discharging my duty in this regard.

I am fully conscious of how many times I must have fallen short of the expectations of the Fellows when presiding at meetings and looking after routine affairs; but since they were kind enough to elect me as their President, they will be kind

enough to throw over my failures a plentiful covering of the lotus leaves of forgetfulness. For every phase of the Academy's work my prayer is—*Felix faustumque sit.*

(Signed) John Ferguson, *President.*

We would have liked to have had sufficient space to publish the other Reports, including that of the Honorary Secretary, Trustees, etc., but unfortunately we are unable to do so in this issue.

After the different Reports had been adopted, the election of officers and members of Council took place, with the following result:

President, Dr. D. J. Gibb Wishart; Vice-President, Dr. Alexander Primrose; Honorary Secretary, Dr. J. H. Elliott; Honorary Treasurer, Dr. J. H. McConnell; Elective Members of Council, Drs. A. H. Perfect, H. B. Anderson, F. N. G. Starr, J. G. Fitzgerald, Wm. Goldie, C. P. Lusk, W. A. Young, B. P. Watson. The other members of the Council are the Chairmen of Sections.

It may be stated that Dr. W. A. Young voluntarily retired from the position of Honorary Treasurer after having acted in that capacity for seven years.

We would like to take this opportunity of wishing the new Council in the heartiest possible manner every success and would urge each and every member of the Profession in Toronto to do his best to make the Academy year of 1917-1918 one of the best. We feel that the new President, Dr. D. J. Gibb Wishart, will fill the office with dignity, as he has done in past years when President of the Ontario Medical and other Associations.

THE ONTARIO MEDICAL ASSOCIATION

On account of the date of our going to press, it is of course impossible that we should report in this issue the meeting of the Ontario Medical Association, which is just closing. A few days ago there was every prospect of the meeting of this important Association being one of the largest in its history. We hope to publish a report of the meeting in a later issue.

Selected Articles

THE ARMY MEDICAL CORPS AS A CAREER

R. E. Noble, Washington, D.C. (*Journal A. M. A.*, March 31, 1917), says that the service in the Army Medical Corps has advantages for young men of the profession that are not as generally understood as they should be. In the first place, one must bear in mind that a medical officer is not only a physician but he is also a soldier and an integral part of a highly organized body, in which he holds a responsible position. He is trained for certain specific duties, besides taking care of the sick. He is an administrator, a sanitarian, as well as a doctor, and has to regard not only the interests of the government, but his duty to the individual. Primarily, he is a sanitarian and must safeguard the health of the troops, familiarize himself with the health conditions of the region he may be in, and take the necessary measures to prevent introduction of disease. He points out the successes, as shown in the history of the medical service in the last eighteen years, and the remarkable low morbidity and mortality rates in the United States army. The sick rate of the troops on the border was 1.9 per thousand, per annum, in the last seven months, as against the death rate for sickness in 1898 which was 28.8 per annum. The army medical officer is a specialist, even when a student candidate for admission in the Army Medical School, and later, after qualifying, he is encouraged to specialize still further in one or another departments of medical practice. The applicant for a commission must be a graduate of a reputable medical school, must have served a postgraduate year in a hospital, and must be of good moral character, physically sound and between 22 and 32 years of age. He must send in his application in his own handwriting, accompanied by testimonials that he has fulfilled the requirements stated above. He must pass an examination

for which opportunity is given twice a year in different parts of the country. This is both physical and professional, and is sent by the examining board to the surgeon-general of the army, who forwards them, with the testimonials, to the central examining board, where they are graded. The successful candidates are commissioned as first lieutenants in the reserve corps. The discipline in the Army Medical School is strict, requirements high and the work hard. The midterm examinations practically settle the future of the student and he is ordered home if he fails. Even in that case, he has had a course of instruction which cannot be duplicated in civil life. If he succeeds, and receives his commission, he is assigned to post or field duty, and later takes his tour of foreign service either in Alaska or the Philippines for two years, or in the Canal Zone, Hawaiian Islands or Porto Rico for three years. The routine duties here are the same as those at home, but each officer is expected, as far as he can, to take up the study of the peculiar diseases of the country. Opportunity for travel to nearby countries is allowed, and everything that can be done by the medical department to aid the worker is given. Leave for study is granted when possible, and prior to promotion captains are assigned for one year to medical centres for the purposes of study and research. Reciprocal arrangements have been made with certain schools and foundations for special privileges to medical officers, on condition that they give instruction in their own special and general lines of practice. A research division exists which is one of the greatest advances in medical department administration in many years, and twenty-four officers have already been assigned to duty there. In passing through the various grades from lieutenant to colonel, examinations are required, and should a lieutenant or captain fail, he is honorably discharged with one year's pay. The rates of pay are stated, but there are, in addition, allowances for quarters, fuel and light. The pay ranges from $2,000 a year for a first-lieutenant, to $5,000 a year for a full colonel, and retirement is provided for, in case of disability or age, at three-quarters pay. Never have the advantages been more than at the present time, and while the income may be smaller than that of specialists in civil life, the position is one of dignity, opportunity and service to one's country.

Militia and Naval Medical Services and Ambulance

Maj. D. MacDonald, Canadian Medicals, has been appointed to command a Hospital Ship in the British service.

The Croix de Chevalier was recently conferred by the French Government on Lieut.-Col. Arthur Mignault, of Montreal.

Capt. (Dr.) V. H. K. Moorhouse, C.A.M.C., is now registrar at the Base Hospital, Gerrard Street, Toronto.

Col. C. A. Smart, officer in command of the Canadians at Crowborough, assumes command at Shorncliffe. Lieut.-Col. Hughes, from the Engineers' Headquarters, replaces him at Crowborough.

The following doctors are on the visiting staff of Spadina Hospital: Drs. H. B. Anderson, J. H. Elliott, Brefney O'Reilly, G. W. Ross, Oliver Mabee, G. W. Howland, Arthur Wright, R. W. Mann, W. E. Gallie, H. Hamilton and G. M. Biggs.

Officers commanding Canadian Hospitals are instructed that all patients should undergo physical exercises and short route marches as soon as convalescent, that they may be in better condition to commence the hardening process when discharged to duty.

Plans for the sending of one thousand American Surgeons to Europe for service in the Allied armies were announced recently at the General Medical Board of National Defence in the United States. The men will be picked by the American College of Surgeons, and the aim is to have them on the firing line within the next sixty days.

Among the troops who left for overseas on April 24th were the A.M.C. Draft in charge of Capt. J. C. Beatty. The other officers in the draft were Lieut. N. O. Thomas and Lieut. J. F. Adams.

The appointment has been approved of Capt. J. C. Beatty to A.M.C. Training Depot No. 2, with the rank of Captain in the C.E.F. Lieut. H. P. Robinson has also received a like appointment in the Training Depot of the A.M.C.

Maj. (Dr.) R. F. Pentecost, who has been recently in command of the 14th Canadian Field Ambulance, has been home for the past few weeks on leave. Maj. Pentecost has been for two and a half years in France, being originally connected with the 5th Ambulance Corps, though he was recalled later to take command of the 14th. He expects to return to France almost immediately.

A shortage of doctors is making itself felt in the C.A.M.C., both in Canada and overseas. Any young practitioner who is willing to give his services in a noble cause can obtain full particulars by applying at the A.M.C. Headquarters. A special session for medical students has been arranged for the current summer, in order that qualified doctors will be available all the sooner. A special course has also been put on at Queen's Medical College, Kingston, for twenty-six students who arrived a few weeks ago from No. 7 Canadian General Hospital in France.

Four Toronto medical officers—Captains W. G. M. Smith and H. A. Abraham, and Lieutenants F. H. Boone and D. G. Finlayson—have been chosen by the Militia Department for special service of a confidential nature. The officers left for Vancouver on May 3rd, proceeding to China on a special mission, and then to France on overseas service. The officers belong to the A.M.C. Training Depot at Exhibition Camp, Toronto, and are the first Canadian officers to be used in this service, which is understood to be the care of Chinese coolies on their way to France.

Announcing on April 15th plans for the 500-bed Columbia University War Hospital, the Trustees stated that $50,000 of the needed $700,000 had been subscribed and that the Hospital, which is to stand on the old Columbia Oval in the Bronx, can be ready for use about August 1st.

The new Hospital at Basingstoke, to be maintained and staffed by Canadians under the command of Lieut.-Col. Roberts, of Toronto, formerly of Taplow, and previously at Salonika, will be opened in a few weeks for one thousand patients. The accommodation eventually will be increased to two thousand.

Capt. Robert Home, of the R.A.M.C., reported killed in action, in a cable received by his father, Mr. Robert Home, 674 Spadina Avenue, from the London War Office, was a brilliant young medical man of Toronto, whose loss will be keenly felt. He was practising in Toronto when he enlisted in October, 1915. He came home to Toronto on furlough in November last, returning on December 24. He went almost directly to France, and was on duty until his death. The late Capt. Home was 26 years of age. Previous to enlisting, in addition to his practice, he was a demonstrator in anatomy at the University, and was also on the staffs of Grace and the General Hospitals. He is survived by his parents and one brother, Charles D. Home, St. Catharines. Mr. Home, in the cable, received the sympathy of the Army Council.

Dr. Mearnes, ex-Mayor of Woodstock, died suddenly at the home of his son in Birmingham, Ala., on April 22nd, where he was on a vacation. He was one of the best-informed men in Ontario on municipal affairs. At different times he had been Mayor, Reeve, and Alderman, also a member of the Board of Education and an ex-Chairman of that body.

ITEMS

The Ontario Health Officers' Association met in annual convention on Tuesday and Wednesday, May 29th and 30th. It was the sixth annual conference of Health Officers for Ontario, and the meetings took place in the Medical Building of the University of Toronto. We hope to make some reference also to the convention later.

The Separate School Board on May 1st unanimously adopted a resolution inviting the City Medical Health Department to inaugurate the system of Medical Inspection in their schools when the work in the public schools is taken over from the Board of Education. The Management Committee was instructed to purchase the necessary instruments, under the direction of Dr. Hastings, for the carrying on of the clinics. The members expressed themselves as pleased at the opportunity to have a systematic inspection of the pupils. Heretofore volunteer doctors have visited the schools from time to time.

It is understood that James Buchanan "Diamond Jim" Brady, who died in Atlantic City, left one million dollars to Johns Hopkins Hospital, Baltimore, Md., to be used in developing and extending the Brady Urological Clinic, which was founded by him about five years ago with a donation of $250,000 and opened in May, 1915.

At the annual meeting of the Medical Alumnae of the University of Toronto, held on May 4, the following officers were elected: Honorary President, Dr. E. R. Gray; President, Dr. Helen MacMurchy; Vice-Presidents, Dr. Eleanor Bennett, Dr. McConnell, Dr. Sears, Dr. Willson, Dr. M. Parks, Dr. J. Allen; Treasurer, Dr. Hume; Secretary, Dr. Catherine Woodhouse; Representative to United Alumnae, Dr. Isabella Wood.

Correspondence

The Editor cannot hold himself responsible for any views expressed in this Department.

AN INTERESTING LETTER FROM DR. G. P. SYLVESTER, TORONTO, NOW IN CHINA

Tsingtao, North China,
April 5th, 1917.

Just a line to let you know I am still on earth almost directly opposite you. We had a lovely trip out, made casual visit to each harbor city as we came along. Arrived in Shanghai on schedule time. It is a very fine city, situated up the river from the sea about sixteen miles, and as you approach the city you could easily imagine you were coming into old London on the Thames. It is the second largest shipping port in the world. All kinds and descriptions of vessels, from the American Dreadnought to the Japanese sampan. The buildings along the Bund, which extends for about two miles, are all fine brick or stone and very fine structures. All the public buildings, hotels, office buildings, etc., stand about two hundred feet back from the river, with a good broad street asphalted. Shade trees all along, and at the north end a beautiful garden. We remained in Shanghai for two weeks and took in all the sights—temples, pagodas, native city, with its narrow, filthy streets, strange conglomeration of inhabitants. One would wonder how they manage to exist under the conditions, but they do and increase and multiply like rabbits. The English, French and Germans own the whole front along the river and back for half a mile. The residential part of the city is back behind the Chinese part, and very fine. After leaving Shanghai we came up here to Tsingtao, the model city of China. The Germans took it from China about 1879, then a small Chinese village, but the Germans saw it was the making of the finest

port in the East. It is situated on the mouth of the Kiochow Bay, which extends in about 20 miles. They made beautiful wide asphalt streets, fine public buildings, harbors and fortifications that were thought at that time to be impregnable, but the Japanese came along in the latter part of 1914 and, with modern high explosives, knocked the stuffing out of the fortifications and took possession of the city, surrounding country, railways, coal mines, etc., and it is now under military rule. The climate is fine. We only had ten days cold weather early in January; since then one could play golf daily if you felt so disposed, and now it is very nice and warm and the flowers are coming out in the garden. This is a beautiful beach, and bathing during the summer. Many come from Shanghai, Hong-Kong, Manilla and Canton during the hot weather. On Sunday we go further north to Peking, the capital, and from there on to Mukden, then down through Korea and across to Japan, making Kobe our headquarters, and radiate from there to the principal cities inland during the cherry blossom season, which people say is beautiful. I expected Dr. McDonagh out in February but he failed to appear. He wrote me he was sailing December 28th. See by papers you have had a cold winter. The war looks more promising. We get telegrams every day. U.S.A. looks like falling into line. Hope you and yours are well. Kindest regards to any inquiring friend.

Yours truly,

G. P. Sylvester.

OBITUARY

Dr. James A. Ross, aged fifty-one years, an eye, ear, nose and throat specialist of Barrie since 1895, passed away on May 1st, following an illness of a year's duration. He was born in Oro Township, being a son of the late James Ross, was educated at the University of Toronto, and later took post-graduate courses at Edinburgh and Glasgow.

The Physician's Library

A Treatise on Diseases of the Skin. By Henry W. Stelwagon, M.D., Ph.D., Professor of Dermatology in the Jefferson Medical College; Member of the American Dermatological Association, etc. Eighth Edition, revised, with 356 text-illustrations and 33 colored and half tone plates. Philadelphia and London: W. P. Saunders Co., 1916.

It must be a source of gratification to the author to find it necessary to revise his book after so short an interval since the last edition appeared from the press. It is seldom that any work has to be published in eight separate editions in fourteen years, and we extend our congratulations to Dr. Stelwagon. The latest edition shows considerable new matter to have been added and a great many changes, without, however, a material addition to the size of the volume. New articles are found on occupational dermatoses, paraffinoma, purpura annularis telangiectodes, xanthoma elasticum and ulerythema ophryogenes. The author is evidently a strong believer in the value of illustrations and has added nearly fifty new cuts to his eighth edition.

Care of Patients Undergoing Gynecological and Abdominal Procedures Before, During and After Operation. By E. E. Montgomery, A.M., M.D., etc., Professor of Gynecology, Jefferson Medical College, Philadelphia. W. B. Saunders Co., Philadelphia, 1916. J. F. Hartz, Toronto. Price Cloth, $1.25 net.

This attractive little book of about one hundred and fifty pages by this well-known surgeon is primarily for nurses and house surgeons. It outlines their duties from the moment the patient enters the hospital until they are discharged. The pre-

parations for all the usual operations undertaken by the gynecologist are outlined in a clear manner.

The instruments required are shown in photographic diagrams of the instrument table. This saves the surgeon's time, but one believes that the wise surgeon will usually take a critical survey of the instruments himself.

The methods and technique of the usual operations are described. The after-treatment of operations is well described for such a small book.

Altogether the book fulfills the purpose of its author, that is, a safe, sane guide to nurses and internes for the care of patients before, during and after operations, and should be very useful in that regard, but would hardly be sufficient for the practising surgeon. A. C. H.

The Treatment of Infantile Paralysis. By Robert W. Lovett, M.D., Philadelphia. P. Blakiston's Son & Co.

This excellent work comes at a time when infantile paralysis forms one of the chief objects of study in the various clinics and laboratories of America. Since 1907 this disease has been gradually increasing in severity until last year it reached the dimensions of a plague in the State of New York. The treatment of this acute inflammatory stage has so far baffled research, but the wealth of clinical material has resulted in many advances in the treatment after the acute stage has subsided and the problem has resolved itself into one of making the best of what remains. Lovett has devoted the best years of his life to the study of infantile paralysis, and this excellent text book represents the work of one who knows, possibly better than any other surgeon, the improvement to be expected from treatment in any individual case. The book is largely a review of the methods employed and a report of the results obtained at the Hospital for Sick Children in Boston. The first four chapters are devoted to a review of statistical study of the recent epidemic in Vermont. The remainder of the book is devoted to treatment, commencing at the earliest stage and extending to the treatment of later paralysis and deformities.

That part of the book which deals with muscle training represents largely a new department developed by the writer. He insists that in order that efficient treatment may be instituted, accurate knowledge of the condition present must be obtained. To secure this he has introduced an ingenious method of recording the thoughts of muscles, by measuring this power against a spring balance. By the use of this method he is able to direct what muscles shall be exercised and to note the progress of the patient during treatment.

This book is undoubtedly the best book of its style in print and should occupy a place in the libraries of all interested in infantile paralysis.

General Bacteriology. By Edwin O. Jordan, Ph.D., Professor of Bacteriology, University of Chicago and Rush Medical College. Fifth edition revised. Octavo of 669 pages. Philadelphia and London: W. B. Saunders Co., 1916. Cloth $3.25 net. Canadian agents, J. F. Hartz Co.

This splendid monograph on Bacteriology maintains its place among the leading textbooks dealing with this subject. In no branch of medicine are greater advances being made than in bacteriology and parasitology, and Jordan has brought his work well up to date. If one were to criticize anything it would be the chapter on the streptococci, where insufficient mention is made of the importance of *streptococcus viridans* in focal infections. Many basic studies in this field have been made by Rosenow, Poynton and Paine, Horder and Andrews, Moody, Celler and Thalhimer and Hartzell and Henrici.

The book, however, is a valuable one both for students and practitioners. H. K. D.

Cell Nutrition. The Keystone of Digestion. Published by Reed & Carnrick, Jersey City, N.J.

A copy of this booklet was recently mailed to every Physician in Canada. It is devoted to digestive disorders, with particular reference to the use of Peptenzyme. The subject is treated from an entirely individual and distinctive viewpoint, and we would suggest that any Physician, who has not as yet received a copy, should drop a line or two to the firm and ask that a copy be mailed him.

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